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# Journal of Social Hygiene

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Social Hygiene and National Defense. VI  
The Federal Program in Action

*"We are fighting today for security, for progress, and for peace, not only for one generation but for all generations. Victory means victory for the institution of democracy, the ideal of the family, the simple principles of common decency and humanity."*

Franklin D. Roosevelt

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Seventh National Social Hygiene Day  
February 3, 1943

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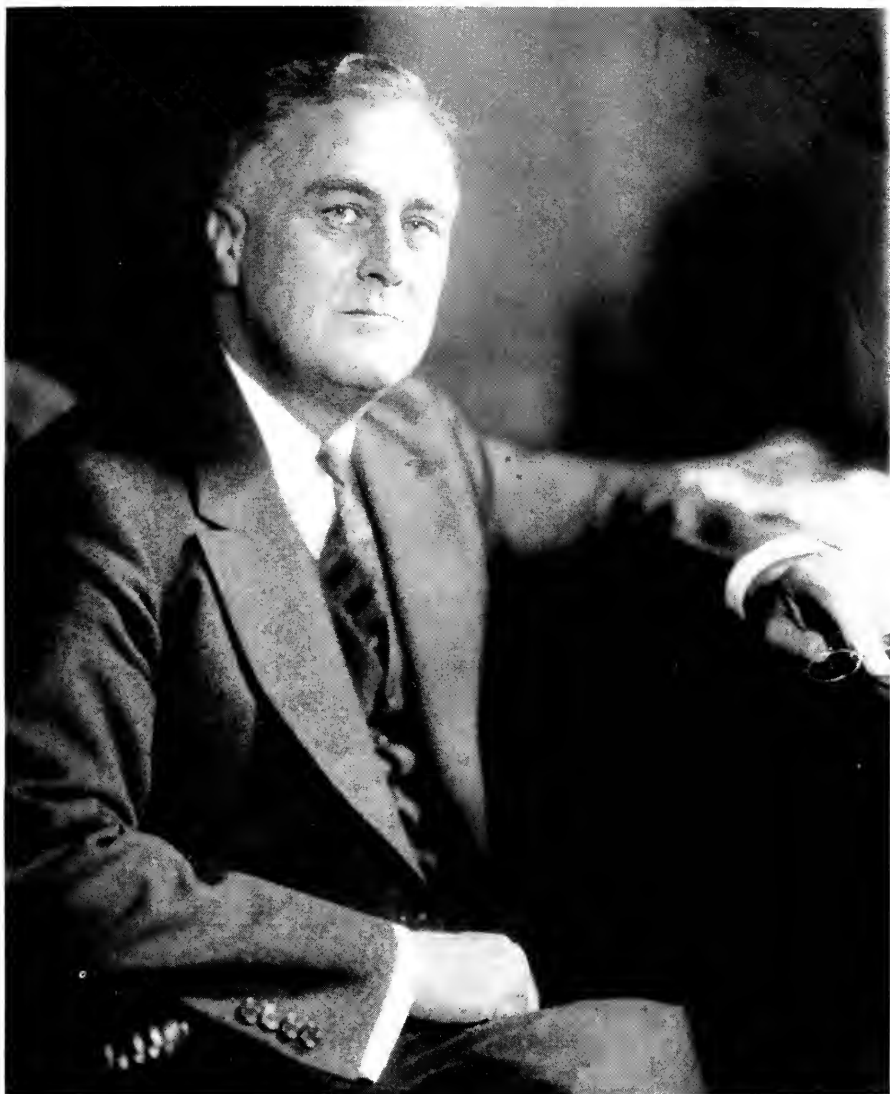
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The JOURNAL gratefully acknowledges the generous cooperation given by the various Federal agencies described in this Sixth issue on Social Hygiene and National Defense, through provision of facts, figures, photographs, charts and other records and data, and particularly through the personal assistance of the several staffs to Miss Jean B. Pinney, Mr. Ray H. Everett and Dr. William F. Snow, who were assigned by the Editorial Board to collect this material and prepare it for publication. Without this friendly official help such a project would hardly have been possible.

Similarly authentic and specific information upon progress of official state and local social hygiene activities, and upon work of cooperating voluntary agencies, is planned for presentation in future issues of the JOURNAL.

*Photograph of Secretary Knox is by courtesy of the United States Navy  
Photograph of Secretary Stimson is by United States Army Signal Corps  
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# Journal of Social Hygiene

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## Social Hygiene and National Defense. VI

### The Federal Program in Action

*"We are fighting today for security, for progress, and for peace, not only for one generation but for all generations. Victory means victory for the institution of democracy, the ideal of the family, the simple principles of common decency and humanity."*

Franklin D. Roosevelt

January 6, 1942

## EDITORIAL

### VIM, VIGOR AND VICTORY

"Keeping the greatest number of men in the battle line the greatest number of days of the year" is a time-honored objective of military medical officers and unit commanders. In our second World War, this aphorism needs to be applied also to the assembly line in industry, to the supply lines, and to the home guard. All-out efforts for victory must include united action and maximum effort to eradicate syphilis and gonorrhea as allies of human enemies. These diseases and their traitorous promoters work behind the lines cutting down vim and vigor in ways which may be aptly described as sabotage, aid to the enemy, and other subversive activities.

The chief problem of the social hygiene societies is to get across to the general public this concept of biological warfare which is now going on through insidious infiltration behind

the battle lines. Press dispatches from China stating that Japanese army fliers have dropped bomb-like receptacles filled with rice and wisps of cotton containing cultures of bubonic plague bacilli planned to infect rats and spread this pestilence among the Chinese fill us with horror; but no enemy could hope to accomplish as much damage by such methods applied to the United States as do those who aid and abet prostitution and oppose nationwide application of all measures for reducing the venereal diseases in home towns, industrial centers, and military areas.

Three years is a short time to transform a nation intent on reducing its Army and Navy to a minimum and staying at home, to a nation at war with enemies in all parts of the world. The selection and assignment to training centers of many times the peace strength of the Army and the Navy has been a colossal task. It has not been accomplished without some serious delays and disappointments in securing effective action for conservation of health, morale and general welfare. The same inhibiting influences of misunderstanding, departmental revision, shifting of officials, and slow development of public support and participation, have been at work in this field, but have been less obvious to the public than in the fields of production and transportation of supplies to the theaters of war. Nevertheless, encouraging progress has been made. This is the sixth in the JOURNAL's series of numbers devoted to *Social Hygiene and National Defense*. It offers convincing proof of growth and development toward satisfactory war-time measures for reduction of the venereal diseases and establishment of social protection programs.

The limits of time and space have precluded statements in this JOURNAL issue about other Government agencies at the Federal level which also have furnished valuable data and pertinent illustrations of their social hygiene activities. Readers and members of the Association should keep them in mind as playing an important part in this work in the coming years of World War II. Among these are the Department of Justice and its Federal Bureau of Investigation and Bureau of Prisons, the Office of Education and other administrative units of the Federal Security Agency, the Children's Bureau,

the Federal Works Agency, and several divisions and sections of the Office of Defense Health and Welfare Services not discussed here.

Two important additional policy and correlation agencies have been set up—(a) an Advisory Committee for the Social Protection Section, and (b) an Interdepartmental Venereal Disease Committee, reporting directly to the Secretary of War, the Secretary of the Navy, and the Federal Security Administrator, and comprising two members each from the Army, the Navy, the Federal Security Agency and one representative each from the Department of Justice and the American Social Hygiene Association.

Readers should also keep in mind that activity at the Federal level must be geared to similar activities at the State and local levels if we are to secure immediate benefits and the permanent results desired.

President Roosevelt's message to Congress and the people of the United States on *The State of the Nation*, January 6, 1942, says:

"We are fighting today for security, for progress, and for peace, not only for one generation but for all generations. Victory means victory for the institution of democracy, the ideal of the family, the simple principles of common decency and humanity."

The response has been an immediate endorsement of these objectives and full assurance of united action to achieve them. The American Social Hygiene Association and all its affiliates and cooperating voluntary committees and organizations must not fail to do their part in the great task which lies ahead.

FIT TO FIGHT . . . AND FIT FOR LIFE  
A BRIEF REVIEW OF THE SOCIAL HYGIENE ACTIVITIES  
OF THE  
UNITED STATES ARMY

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*"The Army of the United States is keenly aware of its responsibilities, and is determined to make the tour of service of the citizen soldiers not only a vital contribution to the security of this country, but also an equally important contribution in the development of better citizenship."*

from the War Department publication  
*The New Army of the United States.*

Before the first selectee of our new Army had learned to present arms, the War Department had thrown its health and welfare machinery into high gear to outmaneuver the anti-social forces which inevitably become more active and difficult to combat when a national emergency demands that a million new recruits crowd into camp.

In a letter of November 25, 1940, Secretary of War Henry L. Stimson said:<sup>1</sup>

"As the first contingent of our young men are being inducted into service for their year of military training, the War Department is becoming increasingly aware of its responsibility for their health and well-being. In the training camps already established or soon to be established, there will be gathered large numbers of the finest youth of the country, who, in their leisure hours, will be seeking recreation in communities strange to them, and may find themselves exposed to temptations to which many of them are not accustomed.

"In addition to the moral aspect of the matter, the War Department is interested in the prevention of disease among the soldiers as a basic necessity in the creation of an efficient military force."

---

<sup>1</sup> Letter to Dr. Ray Lyman Wilbur, President of the American Social Hygiene Association, acknowledging assistance in problems of venereal disease prevention and repression of prostitution in the preceding year of preparation, training and war maneuvers of the Regular Army and the National Guard, and asking for continued aid to the military service in these respects. See also letter of the Adjutant General, May 4, 1940 and articles in the JOURNAL OF SOCIAL HYGIENE describing programs and results of the joint activities of Federal, State and community agencies in these training and maneuver areas. (Series on *Social Hygiene and National Defense*, Nos. I to V. November, 1940 to October, 1941.)



On December 5, 1941, by order of the Secretary of War, General George C. Marshall, Chief of Staff, issued a significant circular (No. 249 shown below) on the eve of the mid-winter holiday period, when it was expected that many soldiers would be granted furloughs.<sup>2</sup>

Circular  
No. 249

WAR DEPARTMENT  
Washington, December 5, 1941

*Venereal disease.*—1. At this time, on the eve of the mid-winter holiday period when many soldiers will be granted furloughs of varying length, it becomes necessary to urge all ranks to take every possible measure of prevention against venereal disease. Many men will be absent from the direct control of military authority, but responsibility for their conduct and health is a continuing one. The Secretary of War desires to take this occasion to reaffirm measures necessary to the prevention of venereal disease and to outline directly the duties of all concerned in order to (a) bring the venereal rate among military personnel to an irreducible minimum, (b) eliminate all possible reason for failure to carry out adequately War Department policy and instructions, and (c) place responsibility definitely.

2. The guiding principle shall continue to be that continence and self-control not only develop character but are the only completely satisfactory methods of preventing venereal disease.

3. To emphasize this principle, a strict compliance with all orders in effect is mandatory, including the showing of training film TF8-154 Sex Hygiene and the placing of the pamphlet Sex Hygiene in the hands of each recruit. Officers should use every opportunity to supplement these measures by talks to groups and individuals at appropriate times and places.

4. Men will be encouraged to use recreational and athletic facilities in order that their free time may be spent in healthful and interesting pursuits.

5. The importance of prophylactic measures will be stressed as a necessary precaution when the foregoing educational efforts have failed. Prophylactic stations will continue to be maintained by the Medical Department in all camps, posts, and stations and in civilian communities adjacent to Army stations when it is deemed advisable. Commanders will emphasize to men of their commands the necessity of reporting to prophylactic stations within an hour after exposure to venereal disease in order to be treated effectively. Prophylactic treatment will be administered to all men returning to camp in an intoxicated condition.

6. Men leaving on furloughs will be especially warned of the dangers of exposure to venereal diseases and will be instructed in methods of obtaining prophylactic treatment in places where no prophylactic stations are available.

7. The objective of the War Department is the suppression of prostitution and the elimination of segregated areas of possible infection surrounding our military establishments. Where local authorities fail to cooperate in removing unsatisfactory conditions, commanders are enjoined to declare affected areas "off limits" to members of their commands, and to follow the procedure prescribed in Section II, Circular No. 170,

---

<sup>2</sup> The declaration of war on December 8, 1941, necessarily restricted mid-winter furloughs, but the Circular has continued in force and generally applicable.

War Department, 1941, with a view to invoking the powers granted by the May Act. No deviation from this policy is authorized.

8. The prevention and control of venereal disease is the responsibility of the unit commander and for the personal performance of that duty he will be held strictly accountable. Unless extenuating circumstances exist, a high incidence of venereal disease in a command shall be regarded as indicative of a lack of efficiency on the part of the commander concerned. Commanders of units having a low incidence shall receive full credit for their accomplishment.

(A.G. 726.1 (12-4-41).)

By order of the Secretary of War:

Official:

E. S. ADAMS,  
*Major General,  
The Adjutant General.*

G. C. MARSHALL,  
*Chief of Staff.*

The files of the War Department show many other pertinent orders, circulars, and communications sent to "The Commanding Generals, All Armies, Army Corps, Air Force Combat Command, Departments, and Corps Areas; the Chief of the Armored Force, and the Chief of the Army Air Forces. The Commanding Officers of Exempted Stations," with copies furnished the Secretary of War, the Under-secretary of War, the Chief of Staff, G.H.Q., the Chiefs of Arms, Services, and Bureaus, and the Divisions of the War Department General Staff. For example, on October 10, 1941, the following was transmitted by Major General E. S. Adams, The Adjutant General:

1. It has been evident that in some cases local commanders have not taken advantage of the provisions of War Department Circular No. 170,<sup>3</sup> August 16, 1941, subject: "Prohibition of prostitution within reasonable distance of military establishments." Commanders are enjoined to make appropriate use of the procedure as prescribed by this circular with view to removing conditions harmful to the efficiency, health and welfare of military personnel.

2. Members of the Inspector General's Department will, during their official visits make particular inquiry at stations where a high venereal rate exists in order to determine whether or not the provisions of this circular are being followed.

This is indicative of the efforts being made to tighten up procedures between the headquarters staff and corps areas. Simultaneously, facilities for combating the venereal diseases by education, medical inspection, diagnosis, and treatment are being expanded, and correlated with the social protection program and public health services of the government. The policy is to emphasize and utilize in every possible way the

<sup>3</sup> See text p. 57.

cooperation of other agencies, official and voluntary, national, state and community, to the one great end of a healthy, contented army, fit to fight, and fit for successful family life and good citizenship in their home towns when the fighting is over.<sup>4</sup>

These cooperative activities are vitally important to the success of this program, in that they involve Army relations with civilian groups, and that they focus on one of the most difficult and persistent anti-social problems with which mankind has to deal—the commercialized prostitution racket. Here is the most serious source of venereal disease spread, and here, if the number of infections continues to rise, will be found the reason for loss of all the hard-won gains of past years. Here is a threat to Army morale, as well, and a treacherous undertow dragging at the strength of American family life. Here must the Army build a firm bulwark, and in the building use all the help it can get.

The Army's program for soldier efficiency, health and welfare is under the direction of the Personnel Division "G-1" of the General Staff, reporting directly to the Chief of Staff.

Administrative units responsible for carrying out these activities are—

The Medical Department  
The Morale Branch  
The Corps of Chaplains  
The Provost Marshal General

Now, as the Nation is being placed on a definite war footing these activities may be summarized as follows:

#### THE MEDICAL DEPARTMENT

Few health and welfare campaigns have a background of effort covering one hundred and sixty-five years, and there are none which

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<sup>4</sup> Cooperation of the soldier and his family is sought even before he enters the Army ranks. A booklet recently issued by the War Department, *You and the Army*, written especially to help "in making the change from civil to military life" and outlining *what the army expects* and *what the army offers* is sent to each selectee about a week before he enters service, with the suggestion "after you have read the booklet, let the members of your family read it so that they, too, may secure a clearer picture of the new and stimulating experience that is soon to be yours." A section of the text dealing with health is shown fac-simile on inside of picture spread opposite page 16.

have presented such difficult problems as have been faced by the War Department in its long battle against the venereal diseases. Since 1778, when General George Washington said to his army commanders—

“Let Vice and immorality of every kind be discouraged as much as possible in your regiment. . . . Particular care is to be taken to prevent a number of women from following. . . .”

syphilis and gonorrhea have been recognized as chief causes of disability and lost time among the armed forces, and have been combated with increased effect, as scientific knowledge and administrative experience have grown.<sup>5</sup>

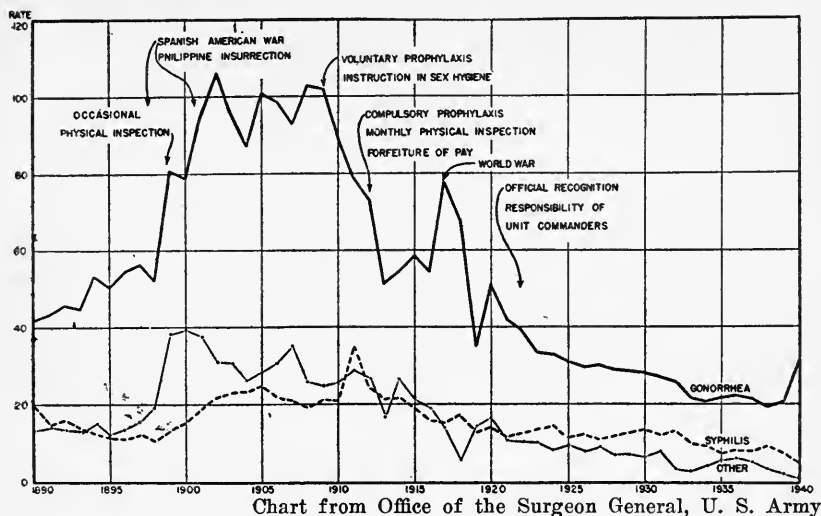
Such direct and sustained attack is bound to get results. Carefully compiled Army statistics show venereal disease rates slanting steadily downward from a Civil War peak of 215 infected soldiers out of every thousand, to less than thirty per thousand at the beginning of 1940. Even now, with both openly organized and guerilla forces of commercialized prostitution skilfully attempting the exploitation of soldiers from forts and camps in every part of the country, Army rates for syphilis have not risen appreciably (6.59 per thousand men in 1939, 7.3 in 1940, and 5.7 in 1941). And infections from gonorrhea show 20 per thousand men in 1939, 30 in 1940 and 31 in 1941.<sup>6</sup> These figures are most promising in comparison with the alarming sky-rocket upshoot which has so often dismayed Army officials and civilians alike in most of the emergency manpower mobilization of past years.

The combined rate for all venereal diseases for December, 1941, was approximately 39 per thousand men. But, of course, says the Army, thirty-nine soldiers incapacitated by syphilis or gonorrhea are thirty-nine men who could be safe from infection, among each thousand of the million and a half men on active duty, if all known measures were fully applied by military and civil authorities and by the men and women concerned.

America needs full fighting strength as never before in our history, and efforts are being redoubled today, not only to prevent further increase in infections, but to keep the declining rates moving towards zero.

<sup>5</sup> In his Annual Report to the Secretary of War for the year 1940, Surgeon General James C. Magee said: “Loss of time from a military point of view is of vital importance to the Army. Every commander of troops must know how many men he can expect to have available for duty at any given time, and this number is almost entirely controlled by disease and injuries. . . . Gonorrhea as usual is still the leader in loss of time. . . .” (Syphilis was ninth among causes of non-effectiveness.)

<sup>6</sup> Estimates based on incomplete data for first ten months.



### VENEREAL DISEASE CONTROL IN THE UNITED STATES ARMY

ANNUAL RATES PER 1,000 STRENGTH, 1890-1940

Army records of venereal diseases begin with 1819, when 115 men per thousand were recorded as infected, and exhibit sharp peaks whenever a national emergency has occurred, until World War I, when a full program of monthly physical inspection, compulsory prophylactic treatment immediately following exposure, forfeiture of pay in case of infection, and responsibility of both line and medical officers was put into effect. This plan resulted in "less venereal disease among American troops than in any other Army in the War." Even in France, where the environmental conditions and difficulties of prophylaxis, inspection and treatment were greatly increased, General Pershing and his chief medical officer Major General Ireland, and their officers were able to keep the infections down to a point which justified the appellation, "the cleanest Army in the world." Nevertheless our soldiers suffered more casualties from syphilis and gonorrhea than from wounds in battle, and lost over seven million days' time by reason of these diseases during the war period of nineteen months. The Army venereal disease rate for all personnel in 1917 was 107 infected men per thousand strength; and in 1918, 90 per thousand. In 1919 it was 61 per thousand.

The office of the Surgeon General of the Army is organized in twelve divisions, with appropriate sub-divisions.<sup>7</sup> Several of these sub-divisions have important relations to social hygiene activities, and the sub-division for venereal disease control, under the Preventive Medicine Division, is also concerned with sex education and venereal prophylaxis in the Army, and cooperation with the public health services and other civilian control agencies in eliminating foci of infection in the civil population. The standardized forms of therapy for early syphilis, and the well-prepared syphilitic registers assure the necessary continuity of treatment; and the newer therapy for gonorrhea is giving promise of equally valuable procedures for control of this disease.

<sup>7</sup> Administrative, finance and supply, preventive medicine, military personnel, planning and training, professional service, statistical, army medical library, dental, veterinary, nursing and hospitalization. Boards and units are constituted from time to time for the performance of special duties.

The Army program as it relates to venereal disease control includes:

Education	Nursing
Case-finding	Disciplinary measures
Treatment (both preventive measures and specific therapy)	Participation of medical officers in other phases of the War Department's social hygiene program
Reporting of alleged sources	

The activities under these headings may be outlined briefly as follows:

#### *Education:*

Commanding officers of all grades are responsible for promoting education in sex hygiene among military personnel. At least twice yearly the commanding officer of each basic unit is required to arrange and personally supervise suitable instruction in sex hygiene and the prevention and control of venereal diseases for all enlisted men of his command. The instruction period is conducted informally, questions and discussion by the men being encouraged. A medical officer and a chaplain are required to take part. The medical officer discusses the nature and gravity of the venereal diseases, the importance of early discovery and treatment, and the means of avoiding them; the chaplain takes up the moral aspects; and the commander presents the broader social aspects of the diseases and their harmful influence on military efficiency.<sup>8</sup>

#### *Case-finding:*

Evidences of venereal diseases found on physical examination for induction into service is cause for rejection (or for deferment until cured in the case of draft examinees). Regulations require that once each month the medical officer make a general physical inspection of all enlisted men of the command, including a careful investigation for the detection of communicable diseases. The commanding officer may, if conditions warrant, order once each month an additional special venereal inspection. Individuals found with disease are immediately placed under treatment.

#### *Treatment:*

*a. Preventive:* Standard preventive treatment in the Army is chemical prophylaxis in the form of washing, injection of a silver salt and an inunction of calomel ointment administered by a trained enlisted man of the Medical Department. Regulations require that a sufficient number of facilities (prophylactic stations) for the administration of this treatment be established at suitable places in each military command, and the commanding officer is authorized to establish such stations when needed in adjacent civilian communities. In addition, as a first-aid personal procedure, regulations require that post exchanges make available for purchase material for individual prophylaxis. For such purpose, current scientific opinion approves the rubber sheath in conjunction with a water-

<sup>8</sup> Motion pictures and educational pamphlets are also used, including the new training film *Sex Hygiene*, prepared in Hollywood under the auspices of the War Department, and a specially written pamphlet *Sex Hygiene and Venereal Disease*, which is given to each recruit.

soluble lubricant, followed by the use of soap and water cleansing. All persons who expose themselves to venereal infection are instructed regardless of the use of individual prophylactic material, to report at once to the nearest military prophylactic station.

*b. Specific:* Management of the venereal diseases conforms to the best current methods. Infectious cases are usually hospitalized, but may be held in "working quarantine" or restricted to the limits of the post, as the surgeon may recommend. All precautions are taken against the possibility of further spread of the infection. Every case is promptly subjected to treatment.

The most effective drugs available are administered until the individual is cured or separated from the service. In the latter event, he is advised of the necessity of continuing treatment, and the pertinent information is sent to the health department of the community to which he is returned to insure, insofar as it is possible, that he, his family, and the public will be protected.

#### *Nursing:*

As in civilian hospitals and outpatient services and clinics, so in the Army medical establishment, the nurse corps provides valuable assistance in relation to diagnosis, treatment, clinical and public health follow-up and epidemiology of venereal disease control.

#### *Disciplinary Measures:*

Penalties for contracting venereal diseases have been specified by Congress and are applied by the War Department on the basis that the soldier should not be permitted to render himself unfit for service by activities not connected with military duties. In recent years these penalties have been progressively lightened, at present consisting only of—

- a. Court martial at the discretion of the commanding officer for failure to report the existence of the disease;
- b. Loss of pay during the period of incapacity;
- c. Extension of the term of enlistment to make up time lost on account of the disease.

In action, this program is carried out under the immediate direction of commanding officers of the various units, under the general supervision of the commanding generals of the Corps Areas and Departments. The assigned medical staff,<sup>9</sup> the morale officers and

---

<sup>9</sup> In order to meet the new conditions created by the war, a plan similar to that developed during World War I has been reactivated. This plan provides for the assignment of a specially trained "venereal disease control officer" to be assistant to the surgeon of each division, each corps area and department, each army headquarters, to General Headquarters, and to each camp of 20,000 or more troops. This officer, in performing designated duties of directing a comprehensive program aimed at reducing the noneffectiveness resulting from venereal disease, will also be responsible for development of cooperative relations with civilian agencies, and the recommendation of such administrative measures as may seem desirable.

chaplains function under these officers, receiving professional guidance and instructions from their respective Department Chiefs of Service. With more than twenty thousand company commanders responsible for two million men at the present time, differences of emphasis, limitation of action and some confusion naturally occur in carrying out policies and orders. Similar deductions, however, may be drawn from most of the weekly reports on venereal disease infections filed by the post medical officers. By and large, wherever civilian communities visited by the men are actively informing the public about the dangers of syphilis and gonorrhea, providing wholesome recreation for young people, and repressing prostitution, the Army rates for these diseases are low. Wherever communities fail to maintain essentials of wholesome environment, either for their own young people or the soldiers who spend their off hours there, the venereal disease rates are high. This is true regardless of the arm of the service concerned or the location, as the inquiries of the Inspector General and the other Chiefs of Arms and Services repeatedly have shown. For example, in a recent inquiry covering all Corps Areas, the following factors forcing venereal disease rates upward and accounting for a large proportion of syphilis and gonorrhea in the Army were repeatedly mentioned in the reports of the post medical officers.<sup>10</sup>

Infections occurring in civilian life between the time of first examination and time of actual entrance into army service;

Infections occurring while away from post on long furlough (usually in home community);

Infections occurring while on week-end leaves in large cities, sometimes 100 or more miles distant from post.<sup>11</sup>

As previously mentioned, Army officers are under order from the Secretary of War to encourage and cooperate in every way possible with civilian authorities in repressing prostitution as a reservoir of venereal infection and as a hazard to the future family life of the nation. All Army officers can and should advocate this policy of the Government and offer every possible assistance in applying it; but unless martial law is established they cannot do this alone, except to the limited extent of barring their own soldiers from entering known houses of prostitution, or refusing any leaves to visit the local community. As has often been said, venereal diseases are not acquired "in camp, on ship, or at the shop bench." It is up to the communities where off-duty hours are spent to meet this challenge.

In approaching full participation in the Second World War, the Medical Department has had the advantage of experience with rapid growth and adjustment of emergency conditions and civilian relations in all the states during 1917-20; and in the past two years, through the correlated activities outlined in the "Agreement by the War and Navy Departments, the Federal Security Agency, and State health

<sup>10</sup> See illustrative text p. 49 et seq.

<sup>11</sup> Another factor affecting the general Army rates for syphilis and gonorrhea is the higher rate for these infections among Negro troops stationed in certain areas.



departments on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated."<sup>12</sup> In this latter connection, the Adjutant General's Office issued a memorandum to Commanding Generals of all Corps Areas and departments reciting the provisions of the agreement, calling particular attention to the valuable cooperation rendered by the United States Public Health Service and the state health services in safeguarding the health of military personnel by suitable measures of extra-military sanitation, and directing that this agreement be brought to the attention of and adhered to by all officers in the Army.

The efforts of all concerned with carrying out this agreement showed that in both military and civilian phases of the program more extensive education work, increased personnel, and more effective correlation were necessary. It also became evident that it would be helpful to have re-enactment of Section 13 of the old draft act of 1917, which made prostitution a Federal offense as well as a violation of existing state and local laws and regulations, whenever the Secretary of War designated an area for its application in relation to military establishments. Accordingly, early in 1941, this provision, slightly modified, was sponsored by the American Social Hygiene Association with the cooperation of numerous other voluntary groups, including the American Legion, the General Federation of Women's Clubs and church organizations, was introduced before the Congress by Chairman Andrew J. May of the House Military Affairs Committee; was duly passed by both Houses, and signed by the President July 11, 1941.<sup>13</sup> The Act was implemented on the part of the Army by issuance of Circular 170, August 16, 1941.<sup>14</sup>

Early in 1940, in order to secure greater correlation of activities, the Army requested the United States Public Health Service to supplement its established cooperation with state and local civilian agencies by assigning to each of the nine Corps Areas of the Army and the Puerto Rican Department an experienced liaison officer to be stationed at headquarters. These officers have served as representatives of the Surgeon General of the Public Health Service in promoting the broad program of extra-military health and sanitation including venereal disease control. They function from the military side under direction of the corps area surgeons, and opportunity is thus provided for close contact and cooperation between the Army, the regional and state health officers, and the local officials. Similarly, the War Department has recognized the civilian voluntary leadership and participation of the American Social Hygiene Association, with whose national and affiliated groups throughout the country the Army maintained such mutually helpful relations throughout the First World War.

The Subcommittee on Venereal Diseases of the National Research Council has contributed greatly to the cause of venereal disease

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<sup>12</sup> See page 31 for details of this Agreement adopted by the Conference of State and Territorial Health Officers May 7-13, 1940.

<sup>13</sup> See page 61 for text.

<sup>14</sup> See page 57 for text.

control through its recommendations in regard to the medical management of these diseases in the armed forces and its investigations of civilian venereal disease control programs.

Through continuous interchange of information and frequent conference, both in Washington and in the Corps Areas, understanding and united action is being built up which is calculated to bring about important results, both for the military and the civilian populations.<sup>15</sup>

#### THE MORALE BRANCH

In his final report at the close of the World War, Raymond B. Fosdick, Chairman of the War and Navy Departments Commissions on Training Camp Activities, recommended that the Commissions' program be taken over by the Army and Navy. Both Departments adopted Mr. Fosdick's suggestions, and the result, in the Army, is the Morale Branch, today greatly expanded, of which Brigadier General Frederick H. Osborn is Chief.

To keep the soldier glad he joined up, sure that the United States Army is the best army in the world, and his own regiment, company, or platoon, the finest military organization of the kind, is the job of the Morale Branch. "Morale," said an Army officer recently, "is nothing you can buy with base-ball bats, or band instruments, or special privileges. Morale is something you build, together, by hard work, competent instruction, discipline and many other means, chief among which is a feeling of solidarity and confidence among the men that the company officers are out to do the best they can for their command."

General Osborn and his staff go about this building job with a combination of tools, all driving towards the objective of keeping the soldier busy and contented in his spare time in camp. The Morale Branch Army Exchange Division supervises the operation of the post exchanges where the soldier buys postcards and chocolate bars, and the Morale Branch Editorial Division encourages the publication of the numerous and often extremely lively camp newspapers edited by the enlisted men, and runs the radio and pictorial section, which has turned up some remarkable soldier talent in posters, cartoons, and broadcasting programs; the Morale Branch Services Division conducts the Army library service. The Welfare and Recreation Division is responsible for a wide-flung program of advisory service, education for self-improvement, athletics and entertainment.

The Morale Branch, like the rest of the War Department, uses the help of other agencies to the full. On the official side, its work

<sup>15</sup> Similar cooperative relations exist between the Association and the United States Navy Department and the Federal Security Agency, including the Division of Social Protection and the U. S. Public Health Service. In these connections, the American Social Hygiene Association studies community conditions and reports on them as a basis for local action in repression of prostitution, stimulates public interest and action through its educational program, contributes advisory service from its staff of trained workers and, in general, makes available the results of its long experience in the fight against prostitution and the campaign against syphilis and gonorrhea.

inside the camp ties up closely with that of the Federal Security Agency and the office of Defense Health and Welfare Services, which are responsible for development of activities in communities adjacent to military reservations. Chief among voluntary cooperating agencies are the American Red Cross, which assigns representatives to the principal posts and camps, conducts a Home Service program for soldiers through family contacts and correspondence, and carries on welfare and recreation programs in hospital areas; and the United Service Organizations<sup>16</sup> which undertake to provide personnel to operate government and community built recreational centers outside the camps for use of soldiers during their leisure time. The Joint Army and Navy Committee on Welfare and Recreation acts as an advisory group to the Secretaries of War and Navy on policies pertaining to welfare and recreation of the military and naval forces.

Numerous other agencies, official and voluntary, aid in the work of the Morale Branch. For instance, cooperating with the Welfare Section of the Welfare and Recreation Division are the American Bar Association and the Legal Aid Association, whose state and local affiliates assist in straightening out legal difficulties which may arise with the soldier's business affairs at home during his absence.

Through the commanding officers<sup>17</sup> the Welfare Section really operates for the Army's million and a half enlisted men an advisory bureau on personal and family problems. These include such matters as the soldier's war insurance, dissemination of information regarding the administration of the soldiers' and sailors' Civil Relief Act of 1940, allotments and allowances to soldiers' families, and dependency problems. The officer may even be called upon to lend a sympathetic ear and a helping hand in marriage difficulties or family relations "back home." By constant liaison with civilian agencies qualified to deal with such difficulties locally, the Welfare Section enables him to handle the matter competently and promptly. The situation is cleared up if possible, the soldier's worry is eased, and morale is preserved.

The soldier acquires a good deal of education in the Army. Aside from handling a rifle, drill and discipline, and experience in the highly technical services of modern army tactics, he has a chance while training to learn many skills and techniques which will be of practical value to him in civil life. In Ordnance, or the Quartermaster's Corps, he gains mechanical and special knowledge. He may become an Orderly in the Medical Corps as a first step toward specialized training such as laboratory technician, x-ray specialist or

<sup>16</sup> These are: The Young Men's Christian Association; the Young Women's Christian Association; the National Catholic Community Service; the Salvation Army; the Jewish Welfare Board; and the National Travelers' Aid Association. By special agreement and arrangements of the United Service Organizations with other national voluntary agencies and their affiliates, related activities are carried on for protecting and promoting the effectiveness of these programs.

<sup>17</sup> Of Armies, Corps, Divisions, or through the corps area commanders and other officers as directed, depending on the problem involved.

pharmacist. As a Company Clerk, he can get experience fitting him for the most complicated "paper-work" jobs in business.

The Education Section considers all the modern educational methods: correspondence instruction, class instruction, educational and documentary pictures, exhibits, lectures, craft classes, hobby groups, "come-and-see" tours, and debates. At the present time consideration is being given to the establishment of an Army institute for military personnel. Many men in the service have had their collegiate careers interrupted and will desire to take correspondence courses. Thousands of men now in our Army have been studying during their leisure-time such subjects as spelling, arithmetic, business English, and accounting, this past year, seizing the opportunity to better fit themselves for their work when they return home.

So, morale builds through knowledge.

The Recreation Section of the Welfare and Recreation Division looks after a multitude of morale-building activities. Athletics, for instance. The Army, of course, is a "natural" for competitive sports, and company teams strive against each other in regimental leagues and camp tournaments. Baseball, football, basketball, volleyball, handball, softball, track and arena events, boxing matches—the whole range of sports and athletics as every American boy knows it in civil life is open to him in his leisure time in camp. With this difference: the cost to him, including equipment, is a fraction of what it would be in his home town.<sup>18</sup>

Unit commanders are responsible for assigning a full-time recreation officer to each regiment. Coaches and athletic directors are drawn from the Army's commissioned personnel having sports training, including numerous former college athletic stars. Every soldier is encouraged by his top sergeant and his company commander to take part in the athletic program. If baseball or boxing are not his line, there is swimming or tennis, golf, archery or billiards. In addition, each man—and this goes for the commissioned personnel too—is made to feel necessary as "spectator interest," rooting the home team to victory.

Aside from actual participation through civilian cooperation, the soldier gets opportunity to see in action sports headliners whom he might know otherwise only through the motion-picture screen and the newspaper. For example, Joe Louis, world's heavy-weight boxing champion, within the past few months has toured many Army camps, giving exhibition bouts with two sparring partners. "I saw the Brown Bomber," is something for a boy to write home!

So, by the development of leadership, teamwork, self-pride, and organizational spirit, athletics builds its unit of morale.

<sup>18</sup> Athletic equipment is purchased with appropriated funds available to unit commanders, augmented by additional recreation funds such as post-exchange dividends.



Religion plays an important part in Army life. In spite of strenuous work for soldiers during maneuvers, religious services are held every week for every creed and sect.

SERVICES DURING MANEUVERS



A SOLDIER TALKS WITH HIS CHAPLAIN BEFORE WRITING HOME

#### AN ARMY CHAPEL

One of the 604 new buildings for Army religious services and chaplains' headquarters.





#### OFF DUTY

A U.S.O. dance for trainees in a southern city.

Upper right—Music in the evening.



A soldier and his dog.

#### "THE ARMY AND YOU"

Training, discipline, education and good times unite to build soldier health, morale and strength. At right is shown a pamphlet prepared by the Army for distribution through local draft boards to the recruits [and their families] before induction.



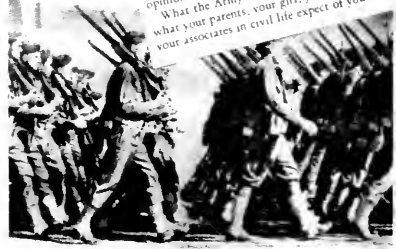
## THE ARMY AND YOU

**YOUR HEALTH AND YOUR EQUIPMENT  
MUST BE WELL CARED FOR**

The Army expects you to keep in top-notch physical condition and for that purpose provides good food, clothing, sanitary facilities, physical training, and medical care. A soldier is physically unfit for duty as much a casualty as the enemy bullet had killed him. When that unfitness is the result of the soldier's own carelessness or, worse yet, of his misconduct, he is guilty of a breach of trust to his country, his Army, his Government, and his fellow Americans.

The history of the Army of the United States covers more than a century and a half, and it is rich in tradition. Each soldier carries the good name of the service wherever he goes. If you are clean, neat, courteous, opinion held of Army men.

What the Army expects of you is no more than what your parents, your girl, your pastor, your neighbors, your associates in civil life expect of you.



#### SOCIAL HYGIENE LECTURE

An outdoor audience of defense industry workers listening to an Army medical officer. Note loud speaker on roof of truck cab.







AT EASE

En route  
to construct a bridge.



Enjoying an Army  
show staged and  
played by  
soldiers.

ON THE MARCH  
Chinese gun crew and infantry returning  
to bivouac.





Above—Venereal Disease hospital ward.



Above, right—Permanent station hospital.

THE ARMY  
MEDICAL PROGRAM  
FOR VENEREAL DISEASE  
CONTROL



Right—In an Army laboratory.

Below—Social hygiene lecture to a platoon.

Below, right—Company headquarters with barracks in background.





Entertainment for the soldier at leisure in camp is another job of the Recreation Section, and this includes not only diversions from outside, but amusement enterprises worked up by the men themselves.

Dramatics naturally rank high. Camp Shows, Inc.,<sup>19</sup> has been formed as the civilian organization which arranges professional performances for Army audiences. Stage and movie stars give their services. Seven "stage-trucks," mobile units complete with platforms and scenery, have toured every camp of any size east of the Rockies.

But the soldier gets most fun, of course, from the shows he himself puts on. The Recreation Section helps out here by using the services of civilian dramatic advisors, from the National Theatre Conference—one for each Corps Area—who go from camp to camp coaching plays and developing dramatic organizations which carry on after the advisor leaves. An *Amateur Theatrical Manual* has been prepared especially to guide soldier Thespians, and 600 "Little Theatre" groups around the country, working with the National Theatre Conference, are helping select suitable plays for Army production.

Motion-picture programs, including the latest feature productions, news-reels, cartoons, and other comedy films, travelogs and novelties, are routine for Army camp evenings. The soldier pays a small admission fee.

Music has a double role in the military. Marching cadence and background for military ceremonies and special occasions are official assignments, but the Army's real music is made by the soldier off duty plunking a ukelele, blowing a harmonica, or trying barber-shop harmonies around the barracks or in the company "day-room." The Recreation Section cherishes this mode of soldier self-expression. Guided by a Musical Advisory Committee, whose fourteen members are first-rank professionals in various musical fields, the Section helps the Army to make music wherever it goes. Quartets, glee-clubs, choral groups, mass singing, flourish under the direction of competent leaders. A million and a half copies of the *Army Song Book* are in use, including a "words book," sized to slip in blouse or shirt pocket.

On the instrumental side, a soldier may learn in his spare time to play almost any kind of musical instrument. The Citizens' Committee for Army and Navy, made it possible for soldiers to borrow

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<sup>19</sup> The Citizens Committee for Army and Navy, forerunner of Camp Shows, during the summer season (to October 1, 1941) by means of the mobile units arranged 1,038 performances before 3,300,000 soldiers in eight Corps Areas. The Ninth Corps Area, with Hollywood to draw upon, undertook to provide its own entertainment. Camp Shows, Inc., headed by the veteran producer-actor Eddie Dowling, is launching 12 new productions, making a total of 24 shows to travel the "Star-spangled Circuit," including a special company of the recent Broadway success *Junior Miss*, with authors and management waiving remuneration. A tour of the Carribbean bases, via Army Transport plane, was recently arranged for a troupe which included John Garfield, Chico Marx, Laurel and Hardy, Ray Bolger, Jane Pickens and Mitzi Mayfair.

from Camp musical headquarters guitars, banjos, violins, and wind instruments, as well as a variety of pocket instruments such as harmonicas and ocarinas. The soldier likes this, and many a boy is learning in the Army what he might never have learned at home, in this day of radio and phonograph—to make his own music, and like it.<sup>20</sup>

It all builds morale.

“Counteracting influences of major importance in combating the anti-social and vicious forces which exploit the soldier, damage his morale, and ruin his health,” General Osborn recently called the efforts of the Morale Branch. Which about sums it up—particularly in regard to the program of social protection and reduction of venereal disease.

### THE CHAPLAIN SERVICES

Working side by side with the Morale Branch and the Medical Services to insure the soldier's health, welfare, and morale are the Army Chaplains. Twelve hundred and thirty-six of them,<sup>21</sup>—Protestant, Jewish, and Catholic, in round numbers a chaplain to each 1,200 men—minister to the spiritual life and moral strength of the men, in 604 newly built chapels like the one shown in the illustration.

The chapels are allotted on the basis of one to a regiment, so that some of the larger cantonments have 15 or 20 churches. Like the chaplains themselves, these churches are in action seven days a week for services, prayer, consultation, and social events, as are churches in any community parish. Each building is fully equipped for worship and parish activities, including electric organs and office-study space for chaplains of each faith. In addition, when the Army goes into the field the chaplain goes too, with portable altar, organ and other equipment.

Protestant, Catholic and Jewish soldiers worship at different times in their own groups. Adjustable pulpit-altar arrangements permit the proper setting for each faith, and chaplains are assigned in proportion to each faith on the basis of a denominational census. Every enlisted man may secure on request a Testament, pocket-size, designed for use by his faith, with a *Foreword* over the signature of the President of the United States. The Service is particularly proud of its new six-hundred-page *Hymnal*, of which 50,000 copies are in use for chapel services, and which, like the smaller *Song and Service Book for Field and Ship*, contains the order of religious services and suitable hymns for each faith. The *Song and Service Book* is the first of its kind so adapted for field service that a layman may, if necessary, conduct religious devotions. One hundred thousand copies are in use.

<sup>20</sup> To learn the soldier's tastes in this respect, the Committee, during maneuvers of the Second and Third armies, provided a gross each of harmonicas, ocarinas, and tonettes. The rush to buy additional pocket instruments was so great that stores in the maneuver area were sold out.

<sup>21</sup> As of December 1, 1941.

Brigadier General William R. Arnold, Chief of Chaplains, reporting to the Secretary of War for the year ending June 30, 1941, stated that soldier congregations totaled over eleven and a half million. Fourteen thousand five hundred Bible classes were held. Individual contacts with the men averaged over fifty per day for each chaplain, not counting hospital and prison visits. All told, the attendance at services and personal visitation and conferences by the chaplains rolled up the impressive total of 29,455,902. A fair-sized record of parish activity! And convincing evidence of chaplain popularity and influence.

The chaplain's official duty regarding social hygiene is made specifically clear in the *Technical Manual*. He must personally interview or advise by public address all recruits coming into the service in matters pertaining to morals and character. He is expected to participate in the half-yearly instruction periods regarding sex hygiene, presenting the moral and religious aspects of the venereal disease problem, after a medical officer has discussed the diseases and their effects.<sup>22</sup>

But any soldier will be prompt to testify that this is only the starting point of chaplain interest and aid in ethical, moral and spiritual problems. The chaplain is an all-round friend, a guide in emergencies, and a counselor to the men of his station. The day the man arrives in camp, the chaplain meets him and invites him to drop in at the chapel-study any time. The relation grows, and the soldier understands that he may confide his problems to his chaplain without fear of disclosure to others, and that he will receive sound advice. If he is sick or in trouble, the chaplain is there to listen and help. If he has good news, the chaplain will be among the first to congratulate him. The chaplains' files hold many letters from and to parents and the men, telling a story of heartaches and joys, sorrows and happiness. Such letters never appear in the official records, nor are they given publicity, but they add definitely to the values which are essential to the morale, religious life and well-being of any man or group of men, and they exist as evidence of the fine type of work being done for soldier welfare by the Army chaplain services.

Requirements for chaplains are as strict as those for other officers of the Army. The physical examination is the same. A candidate for appointment must be a graduate of a four-year college and a three-year theological seminary, and have been actively and successfully engaged in the ministry as his principal occupation for at least three years. He must have been regularly ordained, duly accredited and in good standing currently with some religious denomination which holds an apportionment of chaplain appointments in accordance

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<sup>22</sup> Section X. *Military Duties*. Paragraph 76.b. "Social Hygiene.—Under the provision of AR 40-225, chaplains will participate in the instruction of the military personnel in matters of sex hygiene. They are expected to present this theme in its moral and religious aspects. Sex hygiene is a delicate subject to handle, and yet chaplains who make adequate advance preparation can do so in straightforward and manly fashion and with such tact and dignity that much good can be accomplished."

with the needs of the service. Age limits are from 23 to 34 for the regular Army; for the officers' reserve 24 to 45. There are both white and Negro chaplains.

General George C. Marshall, Chief of Staff, summarized the ideals and aims of the Chaplain Service when he said in a radio broadcast about the time mobilization began:<sup>23</sup>

"There should be no fear that any young man will suffer spiritual loss during the period of his military service, and on the contrary, we hope that the young soldier will return to his home with a keener understanding of the sacred ideals for which our churches stand."

#### THE OFFICE OF THE PROVOST MARSHAL GENERAL

Lined up with the Army Medical Department, the Morale Branch and the Corps of Chaplains in the War Department program for soldier health and welfare is the Provost Marshal General, who supervises the establishment, training and conduct of the Army's Corps of Military Police. Since July 31, 1941, when Major General Allen W. Gullion was assigned to develop a program and Corps consistent with the rapid growth of the Army, these activities have been greatly increased.<sup>24</sup>

"Guidance and protection of the individual soldier" constitutes an important item in the list of responsibilities placed upon the sturdy shoulders of these "cops in khaki," who are hand-picked for their intelligence and resourcefulness, and who are especially trained in all phases of military police duties. Through its Military Police Division, the office of the Provost Marshal General has recently established at Arlington, Virginia, a school where this training is given to groups of approximately 100 officers and 100 enlisted men in an eight to ten weeks' course.<sup>25</sup>

The trained military policeman must be a specialist not only in all of the usual functions of civil police, but he must also be proficient in the many special duties connected with controlling Army traffic, Army criminal investigation, the processing and guarding of prisoners of war and alien enemies, the protection of Army and other national defense installations. He must be prepared to deal promptly and effectively with problems of military law and order involved in these assignments; and equally important is his ability to comprehend and interpret the human problems and values

<sup>23</sup> National Broadcasting Company network, Friday, November 29, 1940.

<sup>24</sup> In addition, the Office of the Provost Marshal General has charge of prisoners of war and alien enemies interned for the duration of the war and for the protection of national defense installations, and conducts certain investigative activities relative to the armed forces. The military police must be equipped to deal with all of these problems, in accordance with the policies and instructions of the Department.

<sup>25</sup> The first few courses will be given only to officers, approximately 200 each eight weeks.

which inevitably arise out of such affairs. Fundamental requirements are that he be "considerate, courteous, just and firm."

"The military policeman is far more than a guard swinging a night-stick," said Colonel Archer L. Lerch, Deputy Provost Marshal General, recently, in discussing the responsibilities of the office at a meeting of Corps Area Provost Marshals. These officers are responsible for carrying out the policies and plans of the Provost Marshal General in their respective areas.

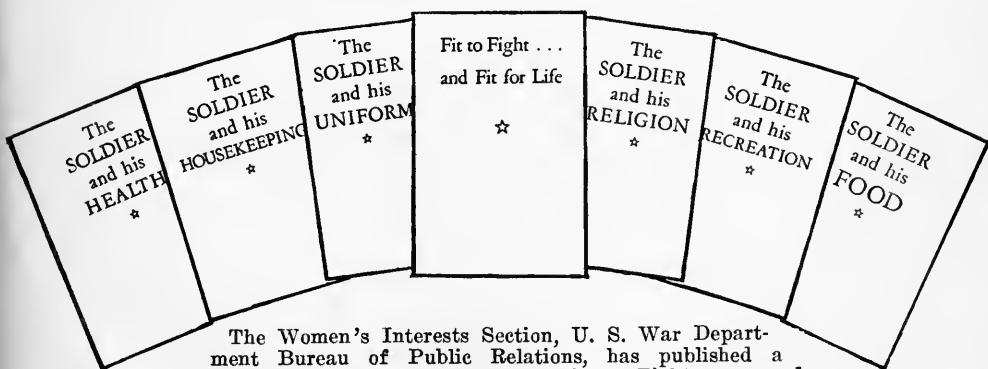
To which statement many civilians—men, women and children to whom the military police have ministered in flood or disaster or personal difficulty, will heartily subscribe, as well as the soldier who looks to them for help "in a jam"—or out of one.

### CONCLUSION

General John J. Pershing, commander in chief of the American Expeditionary Force in the First World War, and now at the age of 81 still on the active list as General of the Armies, offered his services to President Roosevelt when war was declared against Japan on December 7th last, with these words:

"All Americans today are united in one ambition—to take whatever share they can in the defense of their country . . ."

The account of the social hygiene activities of the United States Department of War presented here aims to summarize how one extremely important lot of Americans are doing their share, to the end that all who read may better understand and make common cause.



The Women's Interests Section, U. S. War Department Bureau of Public Relations, has published a condensed version of the article *Fit to Fight . . . and Fit for Life*, as one of seven pamphlets for use by clubs, schools, church groups, libraries and other organizations. The complete kit may be obtained upon request to the Bureau at Washington.

## “BEST TRADITIONS OF THE SERVICE . . .”

### THE UNITED STATES NAVY AND SOCIAL HYGIENE

“Fighting a successful war takes more than mere courage. Most men have courage. It takes training; it takes morale; it takes resourcefulness; it takes subordination to authority, and finally it takes that determination which carries men to their objective at whatever cost. . . . Today it is not enough for you to be officers and gentlemen. You must be good citizens as well. . . .”

These were the words with which Secretary Frank Knox, war-time chief of the United States Navy Department, recently sent into service a class of midshipmen graduated from the Naval Academy at Annapolis. They may serve as a summary of the social hygiene program of the Navy.

In like manner, the story of recent Navy exploits in the Pacific sums up the results of this program in action for nearly a century and a half of American naval history. In official accounts of individual daring and mass bravery at Pearl Harbor, Wake Island or in the Philippines, the words, “best traditions of the service,” stand forth again and again, testifying vigorously to the value of Navy training, discipline and to the qualities which in times like these make heroes in the armed forces, and in civilian life represent the highest type of citizenship.

Since 1798, when the United States Department of the Navy was established as a separate entity,<sup>1</sup> these traditions have been building. They are the foundation on which, through education of enlisted personnel, through provision for their welfare and recreation, as well as for their religious and spiritual needs, and through physical conditioning and medical care, have been raised the magnificent morale and the high degree of technical ability needed for victorious military achievement on the seas. Today, with Navy personnel reaching quadrupled strength, this program becomes more than ever important and necessary.

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<sup>1</sup> Prior to April 30, 1798, naval activities were conducted under the Department of War.

The Navy goes about its efforts for the health and welfare of the men in practical fashion. The health of sailors is the job of the Surgeon General of the Navy, and the prevention and control of venereal disease infections is in charge of the Bureau of Medicine and Surgery. Welfare, recreation and athletics are the responsibility of the Bureau of Navigation, especially of the Sixth Division.<sup>2</sup>

The Navy invites and depends on the cooperation, wherever feasible, of voluntary agencies to supplement official efforts for sailor health and welfare. Chief among voluntary organizations thus aiding are the Navy Relief Society and the American Red Cross. The activities of the Joint Army and Navy Committee on Welfare and Recreation, and the Citizen's Committee for Army and Navy are also important in the health and welfare program.

#### THE BUREAU OF MEDICINE AND SURGERY DIVISION OF PREVENTIVE MEDICINE

"From whatever viewpoint considered," says Captain Charles S. Stephenson, head of the Division of Preventive Medicine of the Bureau of Medicine and Surgery, "the venereal diseases present the largest preventive medicine problem confronting the military surgeon. They surpass in magnitude and administrative significance all other communicable diseases."<sup>3</sup>

Navy figures convincingly illustrate this statement. Year after year, syphilis and gonorrhea stand in the medical reports as chief causes of disability among sailors and marines, second only to common colds as causes of sickness, and by far the greatest single cause of days lost from duty.

Nevertheless, as definitely indicated by the admission rates and noneffective ratios per thousand men from 1900 to 1940, venereal diseases among naval personnel have steadily declined since an overall program of prevention, diagnosis and treatment, social leisure time activities and recreation was adopted some years prior to the first World War. The decline has been especially striking during 1941, when, according to a recent statement by Rear Admiral Ross T. McIntire, Surgeon General of the Navy, "the morbidity rate . . . was seven per cent lower than in 1940, while the rate of syphilis is lower than at any time during the past forty years." He adds: "This is not enough for us, however, and we will continue to find some means of lowering this rate."

On the medical side, the Navy begins at the beginning by refusing for enlistment in the Navy and Marine Corps any applicants infected from syphilis or gonorrhea, and carries on with a vigorous endeavor to keep those who are accepted free from these diseases. By education, precept and example, the sailor is taught the immediate and lasting

<sup>2</sup> Except for welfare and recreation activities of the Marine Corps, which are under separate direction.

<sup>3</sup> JOURNAL OF SOCIAL HYGIENE, 26:402. *How Can Citizens Help to Protect Soldiers and Sailors from Syphilis and Gonorrhea: From the Viewpoint of the Navy.*

values of a clean life and learns the strength that comes from self-discipline. Over and over again the medical service stresses the hazards of syphilis and gonorrhea by every means possible. The sailor hears lectures, he watches movies,<sup>4</sup> placards and posters meet his eye at various strategic points on the ship. Every effort is made to appeal to his intelligence and his ideals, and he is repeatedly warned against the prostitute who provides the chief source of the venereal diseases which may incapacitate him at a time when he is most needed for the defense of his country. He is also warned against the so-called "amateur" the girl on the street, not a professional prostitute, who likes a man in uniform. The danger is double here because she often "looks so nice," and the sailor "falls for her" when he might not for the more hardened exponent of "the business."

For those who are not prevented by education and example from taking chances of exposure to disease, the Navy maintains a well-organized system of prevention and early treatment facilities. A packet of chemicals with instructions for use is available to men going ashore, and early treatment stations are an integral part of every liberty party. Every ship, every Naval station, every activity from the smallest post to a large naval yard has its prophylactic station. Wherever the Fleet puts into port a shore patrol is established, the medical members of which devote the greater portion of their time to the maintenance of the patrol's prophylactic stations: on the docks, in the Y.M.C.A., police stations, in all the places where experience has shown the men will tend to congregate. The location of such stations is distributed throughout the Fleet in order that all men can take advantage of this protection.

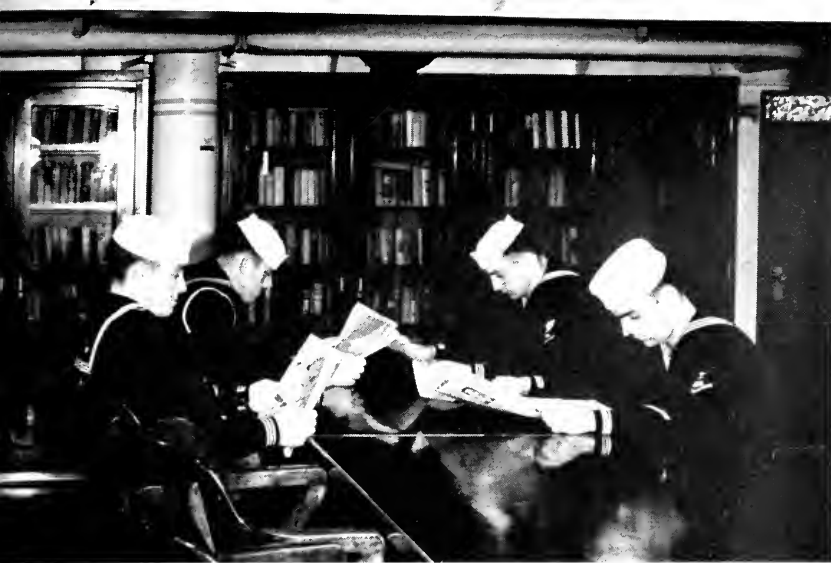
If infection occurs, the man is not punished unless he endeavors to conceal his infection or absents himself without permission while on the treatment list. He does still lose his pay when incapacitated as a result of venereal disease and he is, of course, if infected immediately placed under prompt and effective treatment which soon renders him non-infectious and usually able to carry on his usual duties. Keeping the principles of physician-patient relationship and professional confidence uppermost in mind, the naval doctor does not limit treatment to the officer or enlisted man who may become infected, but endeavors to protect the man's family as well. With skilful and painstaking human understanding family contacts are brought in wherever possible and properly watched to see that the disease does not spread in the home.

Control of venereal infection is not limited to the force trained for battle. The ships of the Fleet are put together by trained artisans, i.e., the Civil Service personnel. The United States Navy is a gigantic business, its industrial ramifications spread into every form of constructive enterprise. The care of ships is maintained in part by men

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<sup>4</sup> The United States Navy within the past ten years has purchased numerous prints of the American Social Hygiene Association films—*Science and Modern Medicine*, *With These Weapons*, and others—for showing on shipboard.





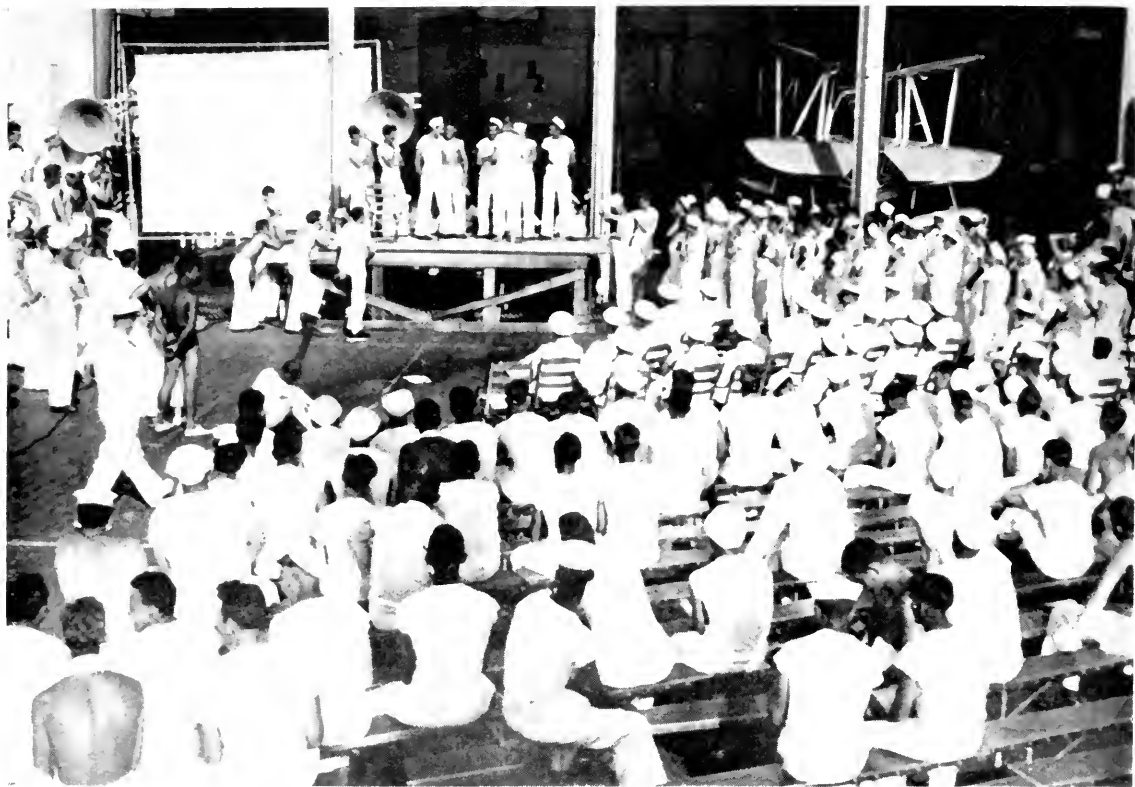
CATCHING UP WITH  
THE NEWS  
A library on ship board.

A BOY  
AND  
A BOOK  
In a Navy Yard Library.

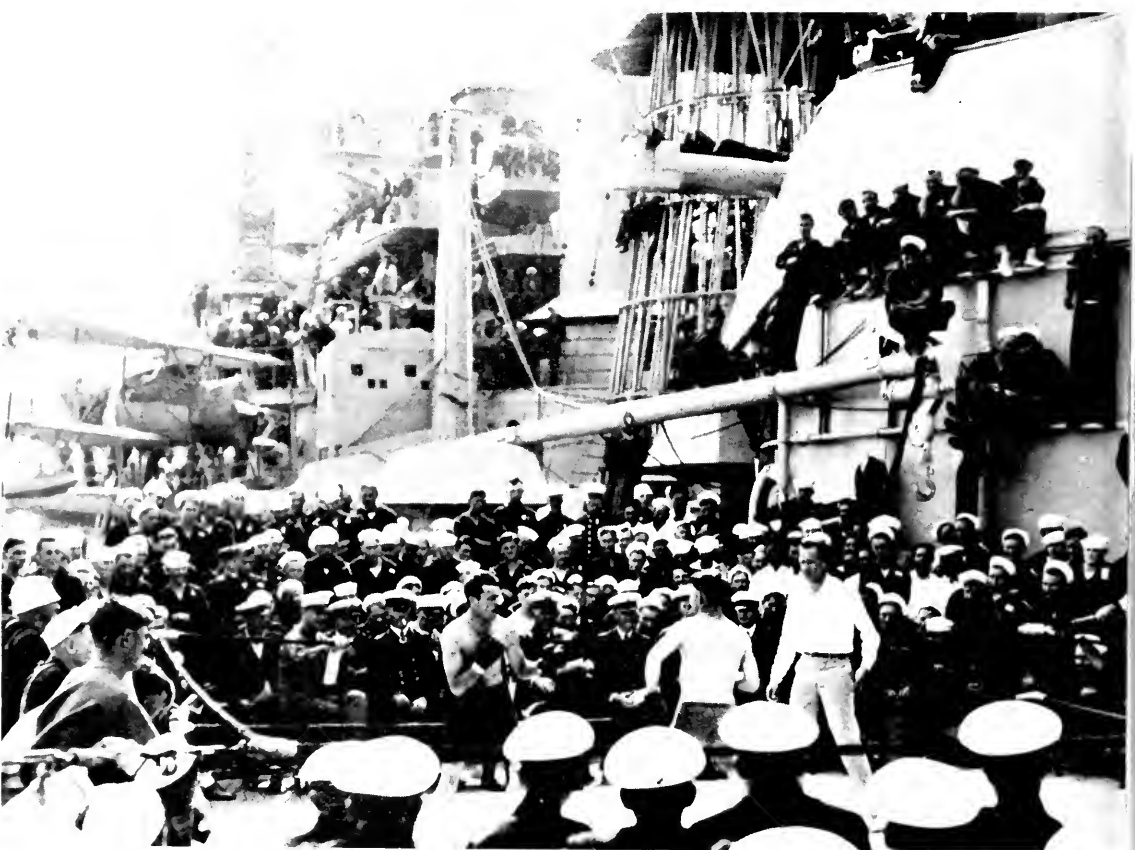


AL SCHOOL  
class in radio  
erial theory.

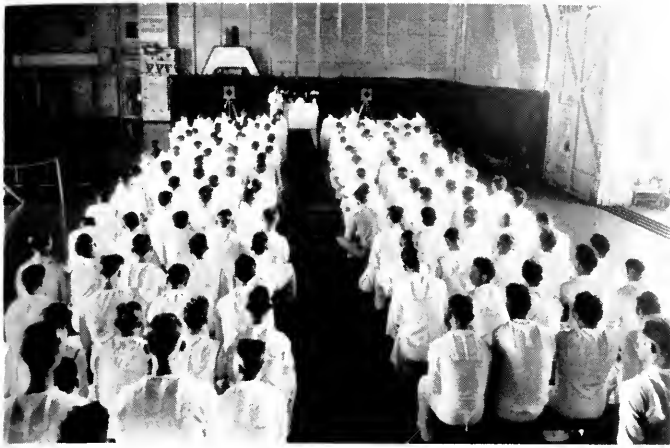




BATTLE OF THE INTELLECTS  
A quiz contest on a seaplane tender



A BOXING MATCH



Below decks

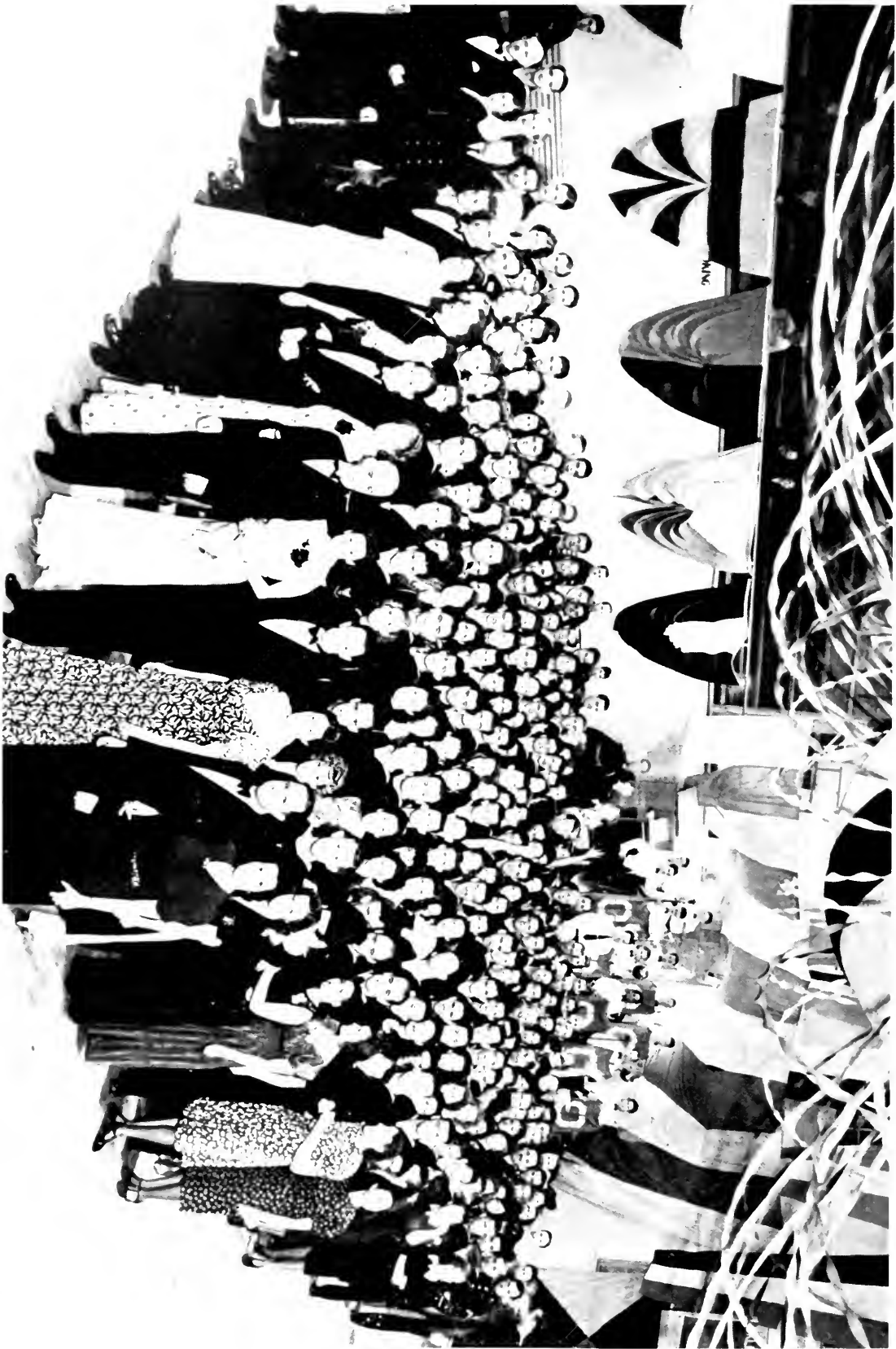
# DIVINE SERVICES AT SEA



"Top side "



CHRISTENING PARTY ON BOARD SHIP



A NAVY DANCING PARTY

United Press Photo

hired by the Navy, men who are not blue-jackets. All men applying for this work are given rigid examinations, not necessarily to protect the public treasury from future pensions, but to aid in the prevention of further venereal infections; for any such condition is cause for rejection until satisfactory cure has been established.

The Navy, like the Army, is keenly aware of the necessity of civilian cooperation to protect the armed forces from loss of manpower and efficiency from the attack of the venereal diseases. Captain Joel T. Boone, Medical Corps, U. S. Navy, recently said: “The military physician can treat the victim of venereal disease. He cannot, except in a small measure, protect him. When a military man becomes infected we restrict him to his ship or naval activity, to prevent contact with the civilian community. Thus we in the military protect the community. Does the community protect the military from infection? His protection must come from civilian action and vigilance. In the community is the source where venereal disease control must originate. We in the military will give what assistance is possible. Your duty is clear. Will you—can you—meet this challenge?”<sup>5</sup>

To quote Admiral McIntire's recent statement further, he says: “It is generally recognized that the chief source of venereal disease in the Services is commercialized prostitution. Both commercialized prostitution and quackery are evils, the roots of which lie deeply imbedded among civilian elements of the population. Normally, under our democratic system, military authorities have no control over the civilian population. Commercialized prostitution is a large scale racket somewhat similar in scope to the “bootlegging” racket of prohibition days. Its ramifications include a long list of hangers-on who seek to derive profit from the prostitute and her patron. This racket is designed to prey upon the uninitiated. Its ill-gotten gains are derived by attempting to exploit the baser side of human nature. Its patrons are chiefly the gullible and immature youths with idle time on their hands. It flourishes or is stamped out according to the attitude of local police and health authorities, and these in turn are influenced by local public opinion. If local opinion is willing to tolerate prostitution, it will remain.

“In the Navy and Marine Corps, it can be shown that the greatest incidence of venereal disease occurs among men in their first enlistment and particularly during the first two years of their service. Since the average age at first enlistment is 19.8 years, it is evident that most venereal infections are acquired while the men are relatively less mature, young, inexperienced, easily led, and not fully adjusted to military life. Observations indicate that these men are not inherently inclined towards exposing themselves to venereal disease, and that given choice, they would much prefer wholesome feminine company. In many localities this is lacking, or the men in uniform are actually discriminated against. Combine with this the wartime

<sup>5</sup> An address delivered before the Regional Conference on Social Hygiene at Los Angeles, Calif., Feb. 5, 1941. JOURNAL OF SOCIAL HYGIENE, 27:113.

activity in a Navy port; overcrowding of the civilian population; insufficient wholesome diversions; overtaxing of local police and public health facilities, and an attitude of indifference towards prostitution, and conditions become favorable for the prostitution racket to flourish at its worst. This is especially true if local police facilities are insufficient or if civil authorities assume an attitude of tolerance towards it." <sup>6</sup>

The Navy, as one of the agencies participating in the Joint Agreement of May, 1940, and as one of the departments with power through the Secretary of the Navy to enforce the May Act putting questionable areas in the vicinity of naval stations out of bounds for sailor personnel, has these problems keenly in mind and depends heavily on civilian cooperation to back up official efforts to keep Navy health and morale at a high pitch.

#### THE WELFARE AND RECREATION SECTION OF THE TRAINING DIVISION OF THE BUREAU OF NAVIGATION

Four days after the signing of the Armistice ending the first World War on November 11, 1918, the Navy prepared to take over the work done by the Navy Department Commission on Training Camp activities. Since no organization for this purpose existed in the Navy Department, the Sixth Division of the Bureau of Navigation, now known as the Welfare and Recreation Section of the Training Division, was set up and charged with the development of athletics, entertainment, music, religion, and education and to cooperate with civilian authorities in matters affecting naval personnel, including the organization of communities to serve sailor welfare through existing organizations; to reach the homes of the sailors and to open homes of the civilian population in those ports visited by the ships of the navy.

The navy defines the mission of the Section as follows:

"To aid constituted authorities to maintain a high morale," and the following statement describes its standards:

"Condition is to the athlete's body what morale is to the mind. Morale is condition; good morale is good condition of the inner man; it is the state of will in which you can get most from the machinery, deliver blows with the greatest effect, take blows with the least depression, and hold out for the longest time. It is both fighting power and staying power, and strength to resist the mental infections which fear, discouragement and fatigue bring with them. It is the perpetual ability to come back."

For nearly twenty-five years, then, the United States Navy has included special activities directed toward these ends as an integral part of its program for training and conditioning men.

Apart from the natural stress placed upon such subjects as discipline and naval tradition the Section relies heavily on education, athletics, and recreation as morale-builders.

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<sup>6</sup> An address presented at the Tenth Annual Regional Conference on Social Hygiene in New York City.



Vocational education in the form of trade schools for many years has been developed to a great extent in the Navy. The technical and mechanical training which the sailor receives as a part of his education for manning his ship is of course basic and of permanent value whether in the Navy or in civilian life. He may, however, also take up such aspects of scholastic education as his 24-hour duty day will permit. The ship's library is at his disposal and many a man finishes his term of service in possession of a much greater store of knowledge than when he began. A feature of education is his participation, either in preparation or by attentive reading of his ship or station newspaper—it may be but a couple of mimeographed sheets, but the blue-jacket or marine takes great pride in it. From these on up to the magazine, *Our Navy, written by and for all Navy men*, the power of the printed word is great among sailors.

The educational activities of the Section also include active cooperation in health education, particularly against the venereal diseases, with the Bureau of Medicine and Surgery. Emphasis is placed on the desirability of avoiding syphilis and gonorrhea as a duty toward future wives and children.

Traditional in the Navy is its prowess in sports of all kinds. Ship or station teams are encouraged, with the idea of having every man engage in some type of healthful sport and in competitive athletics. Officers who are or have been athletes in one or another aspect of sport during their Naval career direct the games and competitions.<sup>7</sup> In these sports competition is high for the medals, belts and cups which are available as prizes for achievement in sports.

Recreation in the Navy's opinion comes midway between athletics as the exercise of the body, and education, the exercise of the mind. In normal times and even in these strenuous days, the sailor in his free time may read, drawing on his ship or shore station library. Lectures, both educative and entertaining, are provided, and his instruction in technical matters by means of motion pictures is supplemented by the latest film dramas from Hollywood and often by his own efforts at drama, the ever popular quiz contest, or other amusements. All of these recreational methods are often combined to supplement the most intriguing of all Navy recreation, "seeing the world." As the Fleet voyages to far-off countries, lectures, library and motion pictures combine to prepare the men in advance as to the principal points of interest in the ports they are about to visit, including the history, customs and amusements of the particular city. The service worked out in cooperation with the consular service of the United States is particularly valuable to the man who wants to learn as well as see.

Right now, morale is particularly high in the Navy because of the chance for advancement through new ships constantly going into

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<sup>7</sup> In present expansion of Navy personnel, Commander Gene Tunney, former heavyweight boxing champion has been designated as in charge of the Navy's physical training program.

commission, with promotions thereby created for men in the rating their complements call for. The two-ocean Navy affords many opportunities for promotion. *Our Navy* says: "Any ambitious, intelligent enlisted man can advance himself much faster than has ever been possible before, if he works hard."

#### THE NAVY CHAPLAINS

The Congress of the United States and the Articles of the Government, in addition to Naval Regulations, provide for the religious needs of the Naval Service, and the Navy has always counted heavily upon religion as a dominant force in the building of morale. At least seventy-five per cent of the Navy personnel have been raised in a rather strict religious atmosphere at home. The Bureau of Navigation provides for the religious influence and emphasizes the moral aspects of clean living and clean thinking motivated by religious teachings as a valuable asset in the armed forces of the Naval Service.

The duties of a Navy Chaplain are primarily religious. There are additional duties, however, which fall to the lot of a Navy Chaplain that are not the privileged responsibility of the average civilian clergyman. Apart from the distinctively religious work of divine worship, baptism, marriages, funerals, Sunday School Classes, Bible Classes, religious instruction, there is, in addition, the visitation of the sick and the imprisoned, conferences, consultations, letter-writing, etcetera.

In addition to the foregoing, the Chaplain has supervision of ship or station libraries, assists with educational activities, all phases of athletics, and recreation parties; he may supervise sightseeing parties, and entertainments, and generally handles ship's dances, and Christmas parties. He may be the editor or supervise the ship or station paper. He cooperates as liaison with all social and welfare organizations ashore. His work in conjunction with the Navy Relief Society is closely tied up with individual needs particularly as it relates to dependent families. This Navy Relief work covers a wide sociological field—sickness, hospitalization, and domestic problems for Naval families and dependents. Hence, the Chaplain must exemplify the spirit of tolerance and charity and show a keen interest in youth and the religious and social welfare, not only of the personnel concerned, but all the families likewise.

There is no limiting influence placed on the Chaplain's work as a clergyman in the Naval Service. The limits of the Chaplain's endeavors are dictated by common sense and interlock with all professional classes from law to medicine. He cooperates with the Red Cross which necessarily is limited to problems of transportation and investigation of dependents, etc., in view of the major burden of dependent families' needs and hospitalization being handled by the Navy Relief Society, and in view of the Navy's effort for a number of years to care for its own.



Naval Chaplains minister to Naval forces afloat and ashore, which includes Bluejackets, U. S. Marine forces, Aviation Units, Naval hospitals, and Coast Guard personnel. Naval Chaplains are assigned to each large command of the fleet, such as battleships, carriers, cruisers, transports, and the mother ships attached to destroyers or submarines. Needless to say, Navy Yards, Air Stations, and Training Stations, and various other commands ashore have their quota of Chaplains assigned with due regard to the religious needs of the many denominations.

“Whether at sea or ashore”, the Chief of Navy Chaplains, Capt. R. D. Workman, said recently, “the Navy Chaplain is the busiest of men and one of the strongest influences in the Naval Service.”

### CONCLUSION

As America builds the greatest Navy in her history and a vast fleet of merchant ships, the principle is kept constantly in mind—give a good ship a good crew and they work together, but the best ship is of no use with an ill-trained, slack crew. For maintenance of the highest degree of fitness and morale, the Navy looks to those who conduct its social hygiene activities, and who, history and experience declare, will not fail in this most important of crises.

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“Our confidence in the survival of civilization in this crucial year of 1942 rests on the power . . . to turn out more guns and tanks and planes and ships. . . . Yet we cannot forget that there must be a man behind the gun and a man behind the machine that makes the gun. Trained and coordinated manpower is after all the ultimate rock upon which success must be built. In the health, the vigor, the efficiency of the people lies the basic assurance of victory.”

C.-E. A. WINSLOW, Dr.P.H.  
Chairman, Editorial Board  
*Journal of Social Hygiene*

*from Survey Graphic Fitness for Freedom Number*

## “HEALTH IS THE STATE’S FOUNDATION”...

THE DIVISION OF VENEREAL DISEASE, UNITED STATES PUBLIC  
HEALTH SERVICE

*“We must do each essential job as it appears if we are to win the war. We must give human needs priority if we are to win the peace.”*

THOMAS PARRAN

*Surgeon General, United States Public Health Service*

Today, with the Four Horsemen in their saddles, galloping relentlessly over the universe, the forces of public health and social welfare are faced with countless new challenges and opportunities. In no field is this more evident than in that of social hygiene, particularly in the health sector, which seeks to bring under control and ultimately to eliminate syphilis, gonorrhea, and the other less known venereal infections. The two Federal organizations largely responsible for official leadership in the civilian phases of this task are the United States Public Health Service and the Social Protection Section, both administratively under the aegis of the Federal Security Agency.

Prior to World War Number One, there was no Division of Venereal Diseases in the United States Public Health Service, nor was there the comprehensive system of state, county and local official venereal disease bureaus and services that now are available. The American Social Hygiene Association was just beginning its work of informing the public and consulting with governmental agencies in planning a united program. Then came the draft, and even with the less effective diagnostic measures available in 1917 for the discovery of infected draftees, a great multitude of disabled men were disclosed. It was recognized then—as now—that “the venereal diseases constituted the most serious public health problem in the development of the national defense program.” Congress in 1918 created the U. S. Interdepartmental Social Hygiene Board, providing as a part of this legislation the Division of Venereal Disease in the United States Public Health Service, and made an appropriation of \$4,000,000 for these purposes including assistance to the States in establishing and maintaining more adequate venereal disease control facilities and services than had previously existed. Though following demobilization in 1919 and 1920, momentum was lost, especially through limitations of appropriations, the basic framework was maintained in the Federal Public

Health Service and in many of the state and community health departments. Through many "lean years" this small official force and the voluntary social hygiene agencies in the states and communities kept the flame of public interest alive pending an opportunity for this movement again to sweep the country as it did in 1917-18, with government and the people working together to stamp out syphilis and gonorrhea, and to promote effective social protection.

This chance came in 1936 when the challenging pronouncements and aggressive official leadership of Surgeon General Thomas Parran, Assistant Surgeon General R. A. Vonderlehr and the state health authorities, backed by the steady and continuous educational work of the voluntary social hygiene societies, began to receive widespread attention, especially in the newspapers and magazines, hitherto largely closed as a channel of public education. The press and the public joined with the health and social agencies in supporting Congressional passage of the LaFollette-Bulwinkle Act in 1938. This outstanding legislation and appropriations to implement it, beginning at three million and now rising above eight million dollars annually, have provided venereal disease control activities which were of constantly growing effectiveness in times of peace, and of inestimable value now that a second, and more widespread, "World" war is upon us.

Soon after the President declared the first "limited emergency" in 1939 a vital pact evidenced the teamwork that already had been initiated in the defense program among the various groups primarily concerned in venereal disease control as a public health procedure. The published statement covering this pact read as follows:

**An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated<sup>1</sup>**

It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.
2. Early diagnosis and treatment of the civilian population by the local health department.
3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel,<sup>2</sup> the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional

<sup>1</sup> Adopted by the Conference of State and Territorial Health Officers, May 7-13, 1940.

<sup>2</sup> Familial contacts with naval patients will not be reported.

authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

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Augmenting the formal program outlined above, physicians in private practice, as well as in clinics and hospitals, have increased their alertness and are cooperating more intensively in diagnostic and treatment efforts. Blood tests as diagnostic aids are becoming routine in many circumstances rather than being used solely in cases where syphilis is suspected. The voluntary services of thousands of private physicians have been needed in the examinations of draftees, and draft boards throughout the nation have depended on these medical associates for progress in their task of selection.

Syphilis and gonorrhea statistics gathered in examinations of selectees have supplemented the extensive data already compiled in this field by the United States Public Health Service and the States, and have indicated certain areas where more intensive work is needed. The Venereal Disease Control Act of May 24, 1938, requires that allotments be made to the states on the basis of (a) population, (b) extent of the venereal disease problem, and (c) financial need. Adequate administration of this Act requires constant examination and study of reports and corroborative data from the states, in order that Federal funds may be put to maximum use for the benefit of the

## CONTRASTS . . .



Early treatment by a good doctor is the key-stone of today's Federal-State-local venereal disease control plan.



The cynical quackery of unscrupulous practitioners, and the sale of home remedies still flourish—and will flourish until the facts strike home to all.

These photos are from the Public Health Service's new film, **KNOW FOR SURE**, which itself is illustrative of modern methods of education for prevention and adequate, early treatment. This film, telling for men the story of syphilis and the facts about prevention of venereal disease, is available to health authorities, and authorized professional groups. Full information is available from the Public Health Service, Washington, D. C.



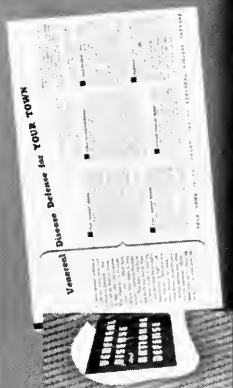
## ...FOR THE PEOPLE



## MOVIES 4-COLOR POSTERS AND PAMPHLETS



FOR PUBLIC EDUCATION REGARDING VENEREAL DISEASE  
Films, posters and pamphlets, from the United States Public Health Service.



Syphilis Prevalence...First Million Selectees  
Rates per 1,000



## ...FOR NATIONAL DEFENSE



### SHADOW ON THE DEFENSE PROGRAM

A graphic presentation of the loss of national manpower through syphilis.

# "TELLING ALL THE PEOPLE"

These three panels and those on the two previous pages make up an effective, colorful exhibit widely shown by the United States Public Health Service.

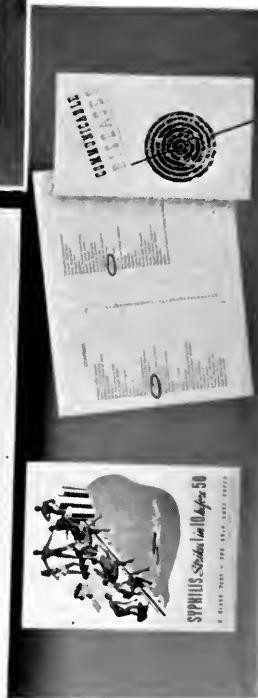
## ...FOR THE PATIENT



## ...FOR PROFESSIONALS



## ...FOR SCHOOLS





entire nation. Selective service reports have aided by showing up the strengths and weaknesses of certain sections of the country as compared with others. The reports indicate, for instance, that more intensive work must be carried on in those states having large Negro populations, if this section of the nation’s people is to be able to render its full share of military and industrial service now, and gain a reasonable share of peacetime benefits when peace is achieved.

Recognizing the need because of war’s imminence, for stepping-up venereal disease control work in defense areas the Surgeon General set aside from the total \$6,200,000 appropriated by Congress for the 1941 fiscal year’s program, \$458,600 “to provide additional funds required for intensifying the program in areas in which the armed forces are located.” It may be noted, also, that “approximately \$1.00 out of every \$4.00 available for venereal disease control from Federal sources was budgeted for venereal disease control in national defense areas.”

Again because of national defense exigencies, expenditures have been recently directed largely to the “service functions” i.e. diagnosis and treatment. This means that less, in proportion, has been available for use in the vital long-range essentials—case-finding, case-holding, education, and social protection. Expenditures for laboratory and treatment services were increased by two-thirds and one-half, respectively during 1941, while the increased allocations for case-finding and case-holding were only 15 per cent.

Before mobilization took place under the Selective Service System, the Public Health Service conferred with that agency and the State Health Authorities, for the purpose of developing a cooperative program which would provide for the discovery of venereal diseases among those who are being inducted into the armed forces. The resulting agreement made possible the examination of a large representative portion of the man power of this country and thus a more exact determination of the prevalence of the venereal diseases. To the extent that it proved possible to carry this out, it also provided an opportunity to bring under treatment a larger number of men infected with syphilis and gonorrhea than had ever before been treated in the United States.

Blood tests for syphilis are included as a routine part of physical examinations which are given by local draft boards. The Surgeon General addressed a letter to all State health officers pointing out that medical regulations of the Selective Service System include this provision and urging full cooperation by State and local authorities.

Blood specimens are taken by the examining physician of the local board and forwarded to the State laboratory or other laboratory designated by State Selective Service headquarters. The State health departments are requested to perform the test and to furnish the necessary containers and report forms for the blood specimens.

This expansion in the number of persons upon whom blood tests for syphilis are being made has resulted in State health officers being faced with the challenge of providing increased clinical diagnosis and treatment and epidemiological services to insure adequate care for all infected individuals and the thorough investigation of all contacts of such infected persons.

Progress in the control of syphilis will be greatly accelerated within the next few years if adequate funds are made available to provide epidemiological, diagnostic, and treatment facilities for the care of those persons found to have an infection through routine physical examinations, including blood testing, under the Selective Service and premarital and prenatal legislation. Present facilities are insufficient to follow up and place under treatment more than 25 per cent of the persons showing evidence of syphilis or gonorrhea through these mass testing programs.

Liaison officers have been detailed by the Surgeon General to the nine corps area headquarters offices of the Army and the Department of Puerto Rico to help develop the health program in national defense areas. A considerable portion of the liaison officers' activities is devoted to venereal disease control problems. In addition, four United States Public Health Service officers are devoting full time and twelve officers at least half time in the field to aid in the solution of problems arising out of concentration of military forces and workers in defense industries.

Prostitution has created a problem in the control of the venereal diseases in practically all defense areas. The Public Health Service has aided the American Social Hygiene Association in its studies to determine actual prostitution conditions in such areas. Information obtained through these studies has helped in planning the needs for more adequate venereal disease control measures.

In cooperation with the Work Projects Administration, plans were developed for the operation of a nation-wide program of research and demonstration in venereal disease control methods and record systems. The purpose of this certified national defense project is to provide a program of assistance to regular venereal disease control activities in defense areas. Special emphasis will be placed on the follow-up and treatment of the exposed contacts of military and industrial personnel.

Our armed forces have long been aware of the relationship between civilian and military health. It is fully as important from the standpoint of national defense to control venereal diseases in the general population as in the military. Infections among military personnel, as well as in industrial defense areas, originate in adjacent communities. Past experience has demonstrated that the venereal disease attack rate in a given military command or area of industrial defense concentration reflects the efficiency of the control measure operating in adjacent communities.

The large-scale Army maneuvers in 1939 and 1940 presented a major challenge to public health in the wide application of the established venereal disease control program, and the testing of new measures adapted to modern national defense in the United States. This was met, in the main, by concentration of trained personnel in the maneuver areas and by strict adherence to public health principles in diagnosis, treatment, and epidemiology.

Every effort has been made to strengthen State and local health departments in military and industrial defense areas. The Public Health Service has made available the entire resources of its personnel and facilities to protect the health of the military forces through the establishment of control measures, and to safeguard and maintain at a peak of efficiency the industrial agencies on whom such a tremendous responsibility rests today.

The Surgeon General called an emergency meeting of the State and Territorial Health Officers in September, 1940. The purpose of this meeting was to consider ways and means of providing a blood test as a part of the regular physical examination for all candidates who would be called into military service. This involved some 17,000,000 men between the ages of 21 and 36 years, and provided unprecedented opportunity for the detection of syphilis and the application of public health measures designed for the control of venereal disease.

The Selective Service System and its Boards undertook to include blood tests for syphilis, and clinical examinations for both gonorrhea and syphilis so far as possible as part of all routine physical examinations. The Public Health Service and State departments of health cooperated by providing laboratory and other services. These activities resulted in helpful data and in promoting plans for securing treatment of many infected men among those examined.

Under the Selective Service and Training Act of 1940 registrants found to be infected with syphilis or gonorrhea are deferred, but may be called back at any time for reconsideration of their classification. With the recent advances in gonorrhea therapy through the use of the sulfonamides (the so-called “sulfa drugs”) and the increasing efficiency of syphilis treatment, plans for physical rehabilitation of men having remediable defects including certain forms of venereal disease, especially the acute varieties, will be treated prior to induction. The State and Territorial Health Officers and the Administrator of the Federal Security Agency have recommended that persons called for service and found to be infected with uncomplicated gonorrhea or urethritis should be inducted into service without delay and promptly treated thereafter. The practicability of adopting this policy is now under final consideration by the War Department to supplement the standards already set up for accepting men who have acquired syphilis but have received adequate treatment for purposes of military service.

The policy of allowing certain portions of the funds allotted to the States for venereal disease control to be budgeted for training of personnel has been continued. The Public Health Service has continued to cooperate with various State and local health departments in conducting research projects for the study and demonstration of special aspects of the venereal diseases and their public health control.

Recognizing public information as an essential venereal disease control measure, the Division constantly develops and makes available for distribution pamphlets, exhibits, motion pictures, radio transcriptions, and other authoritative informational aids. This is done not only with particular and immediate reference to areas of military and industrial defense concentrations but also with the view to laying a groundwork for a future long-time program. In this educational cooperation with state and local health authorities and voluntary agencies, trained workers aid by field surveys and recommendations, consultation and advice by correspondence, and guidance in meeting specific problems where national interests may be immediately concerned. During the past three years more than 4,000,000 pieces of literature have been distributed, almost 3,500,000 of which were sold, primarily to state health agencies.

A Venereal Disease Education Evaluation Study was developed during 1939-40 in cooperation with the American Social Hygiene Association, and an extensive testing of varied population groups was carried out at the New York World's Fair and at representative State and county fairs and other meetings throughout the nation. Likewise, in cooperation with the national association, a survey of health education practices in relation to venereal disease instruction in schools and universities was carried out in some 30 States, the first of a series of reports having already been published.

For the medical and health professions, the monthly scientific publication, *Venereal Disease Information*, carries original articles and research papers in the fields of diagnosis, treatment, and public health methodology. This well-edited summary of current studies and practices leads the field of governmental publications with paid circulations, a distinction in which the Division has just cause for pride.

The Division's many valuable research projects carried on by devoted scientists of the Service, with fine cooperation from their associates on university teaching staffs, in private laboratories, in the ranks of public health practitioners and in the field of private practice, steadily aid the progress of public health. Through the Committee on Serology, diagnostic tests are periodically checked so that the highest degrees of sensitivity and specificity may be attained and the work of laboratories may be made more uniform and exact. A cooperative undertaking with the American Neisserian Medical Society involves evaluating the effectiveness of the many sulfonamide compounds in treating gonorrhea, and an appraisal of the relative efficiency and toxicity of these drugs. Studies by the Cooperative Clinical Group designed to evaluate the results of treatment of

FUNDS BUDGETED AND ACTIVITIES REPORTED FOR VENEREAL DISEASE CONTROL IN STATES AND TERRITORIES FOR THE FISCAL YEARS 1938-1941

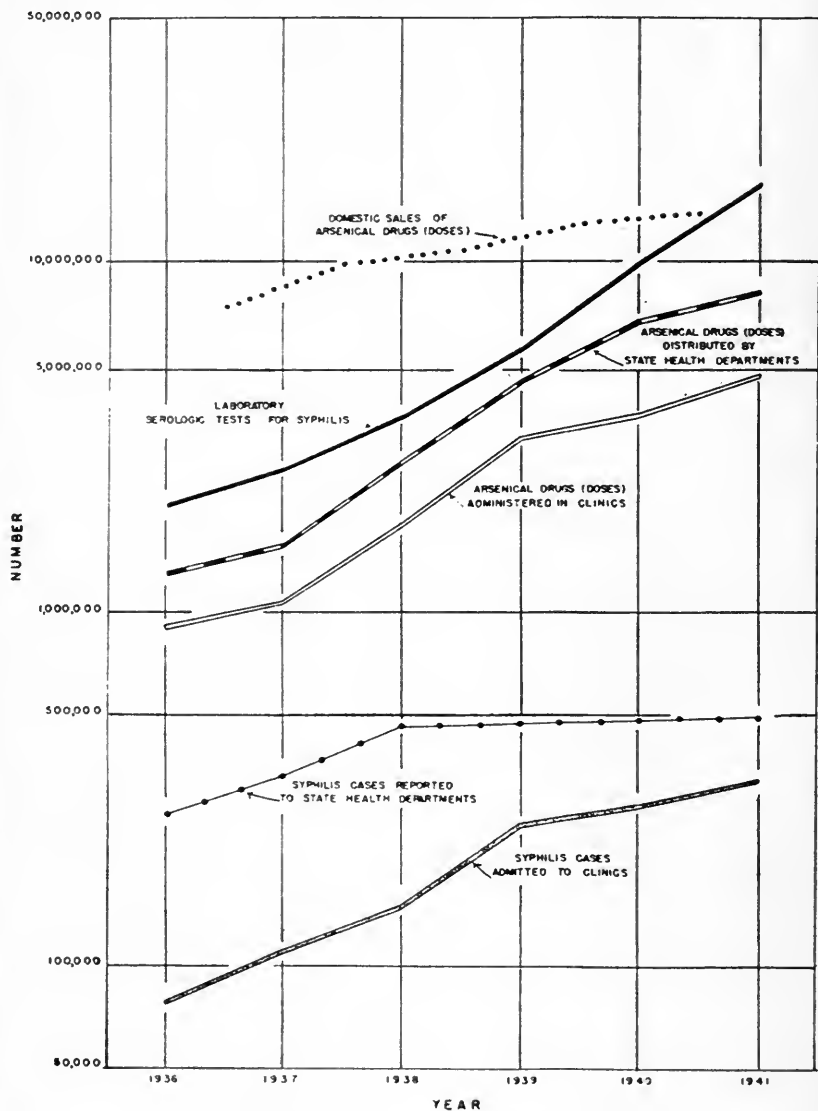
	1938		1939		1940		1941	
	Amount or Number	Per cent Increase 1938-1939	Amount or Number	Per cent Increase 1939-1940	Amount or Number	Per cent Increase 1940-1941	Amount or Number	Per cent Increase 1940-1941
I FUNDS BUDGETED FOR VENEREAL DISEASE CONTROL								
A. Federal	\$3,330,019.00		\$6,730,599.57	b	\$10,645,183.20	58.2	\$13,153,498.76	23.6
B. State	3,330,019.00		2,388,270.57	b	4,656,528.20	95.0	6,362,218.76	36.6
			4,342,329.00	30.4	5,988,655.00	37.9	6,791,280.00	13.4
II VENEREAL DISEASE CONTROL ACTIVITIES								
A. Syphilis								
1. Cases reported to State health depts.	480,140	1.2	485,967		487,464	0.3	494,813	1.5
2. Admissions to clinic service	149,434	66.9	249,464		288,778	15.8	340,615	18.0
3. Average monthly patient load in clinics	b		229,292	b	290,982	26.9	384,478	32.1
4. Treatments administered in clinics			7,129,969c		8,313,796	16.6	10,661,259	28.2
a. arsenicals (doses)	4,215,256c	69.1	3,166,342		3,719,880		4,885,736	31.3
b. heavy metals (doses)	1,854,735		3,963,627c		4,593,916		5,775,523	
5. Arsenical drugs (doses) distributed by State health departments	2,360,521c							
6. Serologic tests in laboratories	2,799,110	67.1	4,677,757		6,895,837	47.4	8,161,491	18.4
B. Gonorrhea	3,598,198	55.3	5,588,285		10,216,978	82.8	16,520,591	61.7
1. Cases reported to State health depts.	198,439	-6.9a	184,679		180,383	-2.3a	198,432	10.0
2. Admissions to clinic service	44,752	40.4	62,835		66,811	6.3	84,418	26.4
3. Average monthly patient load in clinics	b		29,930	b	30,392	1.5	26,487	-12.8a
4. Treatment visits in clinics	962,571c	-17.5a	793,989		851,694	7.3	712,164	-16.4a
5. Sulfonamide drugs (tablets) distributed by State health departments	b		3,500,000c	b	5,256,246	50.2	7,218,617	37.3
6. Tests (for detection of gonococcus) in laboratories	490,258	23.5	605,631		1,038,086	71.4	1,224,227	17.9
C. General								
1. Publications distributed by State health departments	2,480,797	-0.7a	2,462,206		3,324,358	35.0	4,158,008	25.1
2. Clinics treating venereal disease	1,122	85.8	2,085		2,454	17.7	3,245	32.2

a Per cent decrease  
b No data available  
c Estimate

# SYPHILIS CONTROL ACTIVITIES REPORTED FOR STATES AND TERRITORIES

UNDER PROVISIONS OF THE VENEREAL DISEASE CONTROL ACT

1936 — 1941



syphilis continue to furnish new diagnostic and therapeutic data of untold value. Further experiments and demonstrations are fostered at the National Institute of Health; the Venereal Disease Research Laboratory at Staten Island, New York; and the Venereal Disease Medical Center, Hot Springs National Park, Arkansas—all notably significant in the whole national program aimed at the reduction, and eventual elimination, of syphilis and gonococcal infections in the United States.

When, as is hoped and confidently believed, the "great pox" syphilis becomes as rare as smallpox in our country, and the ravages of the gonococcus are reduced to a tiny fraction of their present extent, a lion's share of the credit logically must be accorded to the Division of Venereal Diseases.

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"The venereal diseases are not problems for solution tomorrow. They must be dealt with today. We inherited them from yesterday. With that heritage came the knowledge and experience on which to base united and vigorous wartime action. Fortunately, today's public leaders understand what must be done, thanks to the constructive publicity which has been given the united efforts for venereal disease control of the government and voluntary agencies with the leadership of Dr. Thomas Parran, U. S. Public Health Service. Laboratory tests, medical examinations, facilities and drugs for treatment, tracing of contacts and sources of infection, reporting of cases and quarantine when necessary, have become recognized parts of the established public health and medical program for combating syphilis and gonorrhea. . . . There must be a program of long range preventive measures. These have to do with environmental and educational factors. Opportunities for satisfying occupation and recreation, for marriage and having children, good living conditions, community protection against anti-social exploitation are necessary. Vigorous law enforcement measures against prostitution are essential. Sexually promiscuous persons are especially likely to become infected or to be transmitters of syphilis or gonorrhea, so prophylactic treatment facilities need to be provided under proper supervision and follow-up precautions. The influence of education and the teachings of religion also are vitally important. . . . Recently the New York State Medical Society adopted the following position which is a forceful restatement of views generally held by leaders of the medical profession: *First*: That the control of venereal disease requires elimination of commercialized prostitution. *Second*: That medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security, and fails to prevent the spread of infection. *Third*: That commercialized prostitution is unlawful, and that physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity and are violating the principles of professional conduct of the Medical Society of the State of New York.

"This program which could, in one generation, reduce both diseases to very insignificant proportions has been fully demonstrated to be practicable and less costly in application than most of the brilliant conquests of disease thus far recorded. For this war emergency and for future efficiency, health and welfare of our nation, the public will provide for all the parts of this program for social protection and eradication of the venereal diseases, if community leaders request action."

WILLIAM F. SNOW, M.D.

*Chairman, Executive Committee, American Social Hygiene Association*

## SAFEGUARDS PLUS SALVAGE

### THE SOCIAL PROTECTION SECTION OF THE DEFENSE HEALTH AND WELFARE SERVICES

*“War wakes us up to the vital importance of community services. But we must not speculate on that. We must act.”*

PAUL V. McNUTT

*Administrator, Federal Security Agency*

In planning a comprehensive attack against syphilis and gonorrhea as preparedness and war hazards, all parties to the Federal Agreement of 1940 \* fully recognized the dangers of prostitution and related conditions and approved inclusion of provisions to combat their influence in spreading the venereal diseases among men and women and their families. But it became evident that more specific national action and legislation were needed to outlaw and smash effectively the prostitution rackets that were springing up rapidly to exploit the youth being concentrated in military training centers and industrial areas, throughout the country. The proponents of the Selective Service System had deemed it advisable to limit their legislative proposal entirely to provisions for selecting and arranging induction of the men required for military duty. It was necessary, therefore, to ask Congress for separate legislation dealing with prostitution. The bill, H.R. 2475, was passed and signed by the President July 11, 1941. Thus the May Act, similar in purpose and provisions to its predecessor of the first World War period, came into existence.

Under this law, the Secretaries of War and Navy are the persons named to designate areas adjacent to Army and Navy establishments within which areas prostitution becomes a Federal offense. This provides the legal basis on which the Department of Justice proceeds with criminal investigations and prosecutions. In addition, the Secretaries of War and Navy and the Federal Security Administrator are authorized

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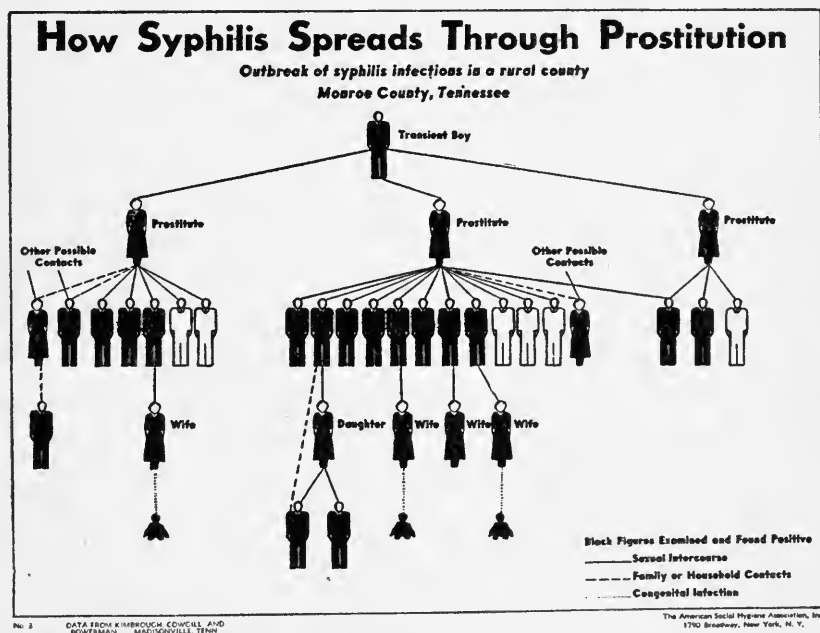
\* See p. 31 for details of this Agreement of the Army, Navy, Federal Security Agency, State Health Authorities, and participation of the American Social Hygiene Association and other voluntary agencies.



and directed to take such steps as they deem necessary to repress prostitution. Administrative plans and orders were issued by the War Department \* and the Navy Department \* governing their participation in utilizing this new legislation, and the Federal Security Administrator, as Director of Defense Health and Welfare Services assigned special duties in this connection to the Social Protection Section.

One of the major objectives of this Social Protection Section is to promote the enforcement of existing State laws and local regulations against prostitution, by civilian authorities in all military and industrial defense areas. But its director points out that the Section is by no means limited to this task. It seeks, also, to prevent girls and young women from being exposed to the lures and enticements of prostitution traffickers; to secure supervision of places of commercial recreation where girls may be in danger of being led into prostitution; similarly, to promote the elimination or at least the safeguarding of employment where wages are inadequate to meet minimum requirements for food and shelter, or where conditions afford opportunity to bring pressure on girls to engage in prostitution; and also to encourage every facility for protection of men against being exploited and victimized by the vice racketeers.

\* See pp. 57 et seq. and p. 61 respectively for the text of these orders.



ONE OF TEN CHARTS WHICH MAKE UP A NEW A.S.H.A. EXHIBIT ON THE ATTACK ON COMMERCIALIZED PROSTITUTION.

Efforts are being made to help those already engaged in prostitution back to ways of life which are constructive. This involves case work and social treatment which now is largely lacking in many defense area communities. The Section's field staff seeks the provision of adequate facilities for treatment of women on an individualized and helpful basis, whether that treatment be (a) medical, (b) custodial, (c) training, (d) placement in jobs, (e) supervision in family foster homes, (f) assistance to return to their own homes, or (g) other assistance.

In its promotion of social protective measures and repression of prostitution, the Section works largely through existing agencies via observation, stimulation and coordination. Defining its status in relation to various agencies functioning in the social hygiene field, early announcements indicated that:

1. The staff would not attempt to work with the man in uniform, leaving his education with reference to social hygiene and the control of his actions to the military and naval authorities.
2. While fully convinced of the importance of such positive action as the provision of recreation and other leisure-time activities for the soldier and sailor, these would be left to the military and naval authorities as supplemented by the Division of Recreation of this Agency, by the United Service Organizations, and by many other interested agencies and organizations.
3. Being vitally concerned that persons having venereal disease infections receive prompt and effective treatment to make them noninfectious and to cure them, the staff would look to the U. S. Public Health Service, the medical profession and allied agencies to do that job for civilians.
4. In the field of law enforcement, the staff would depend primarily on local authorities, the Military Police and Shore Patrol, and when necessary the Federal Department of Justice.
5. In the care of apprehended prostitutes and in the protection of girls and young women endangered by prostitution, dependence would be placed on the facilities and resources of appropriate agencies of local, State and Federal governments.

Expressing the hope that its basic policies may be welded permanently into local self-government systems of the entire United States, the Section believes that "It is the will and desire of the American people to protect the health and morale of the men in its armed forces and defense industries;" and the program is to be so planned and executed "that it will be accepted by the States and become the permanent policy of local government throughout the nation."

This new Section carries out its program for repression of prostitution mainly by assembling information, making analyses, and presenting reports to governors, mayors, prosecuting attorneys, and local law-enforcement officials. In some places, prostitution has been tol-

erated in what amounts to segregated areas by officials and the public because that has been a traditional method of dealing with the practice. Oftentimes, the law-enforcing officials, right down to the last policeman on the beat, honestly believe that segregation is the best method for dealing with this age-old problem. Then again, there are other localities where graft and political corruption have come into the picture, and prostitution is tolerated for pecuniary gain or for the votes it may bring in. In all these states and communities, there are responsible, civic-minded persons who, if properly informed regarding the damage caused by prostitution, will work for its elimination. It is by joining with other official and voluntary agencies in stimulating to action and aiding this responsible group, that the Social Protection Section makes one of its most important contributions.

The Section supplies its field staff with current reports regarding venereal disease control and law-enforcement activities in all sections of the country. Statistics and other data are secured from the Division of Venereal Diseases of the United States Public Health Service, the Army, the Navy, and from law enforcement officials and social welfare services. The trained staff of investigators made available by the American Social Hygiene Association serve as consultants and upon request, furnish accurate undercover reports on commercialized prostitution conditions throughout the country, particularly as they affect military and war essential industrial concentrations of workers. With this type of current data to supplement the information acquired by their own activities, staff members of the Section are equipped with factual data when they confer with state and local officials and representatives of voluntary agencies.

One of the main difficulties encountered even after the local authorities have become convinced that commercial prostitution is a grave hazard, is the lack of trained social service and medical personnel, and of adequate community facilities for use in medical and social rehabilitation of girls and women who have been engaged in the practice. In far too many instances, the community tries to cut the Gordian knot by escorting prostitutes picked up by the police to the borders of town and ordering them to "get out and stay out." In many instances, these girls and women have had no trial and no inquiry has been made into the circumstances of their cases. Often they have no funds and they walk or hitch-hike to places where they can find jobs, or if they are professional prostitutes, to some communities where they have been told that prostitution is tolerated. The Social Protection Section recognizes that such methods are both anti-social and inefficient, and that they merely transfer the problems of one locality to the shoulders of another. The inter-state aspects of such transfers, and the voluntary migration of unprotected girls and racketeers' shipment of prostitutes to centers of industrial, military, and naval activity are of special concern to the Social Protection Section and to the Federal Bureau of Investigation.

Then, too, there are communities which still consider commercial prostitution an asset because it brings visitors with spending money

to the city and makes possible exorbitant rents and profits to those in the vice ring. There are many influential citizens today who grew up in towns where the "district" or "stockade" was pointed out to inquiring visitors along with other recognized local attractions, good and bad. They were told that both police and doctors endorsed segregation and examination of prostitutes as a measure for health and order. Most of us, with such a background of information, would continue to hold that view if we had not been informed of the fallacy of such methods of control and of the practical ways of correcting these conditions. The creation of this new Section of the Federal Government has aided materially in securing good results in many of these localities, by persuading local officials to close up the districts and agree to a policy of vigorous repression.

The laissez-faire attitude of many localities provides one of the Section's strongest arguments. The fact that the conditions are *local* and must in large measure be dealt with *locally* is constantly emphasized. Here are some of the reasons:

The individual case of syphilis or gonorrhea is *local*.

The activities of the individual prostitute or house of prostitution are *local*.

The men and women of the community, the soldiers, sailors, and industrial workers must be protected under *local* conditions.

The Federal Government can assist with plans, advice, and money; but nothing really effective happens unless it happens *locally*. The State health and welfare departments, like the Federal agencies, can help; but each town must have—in good operating order—facilities for dealing with this problem, if permanent results are to be secured. The total defense health and welfare services of every community—public, private, and voluntary—are involved in solving the local problem, with the active leadership of the mayor, the city council, the health and welfare directors, the police force and the citizens.

Because this Section is a new unit of Federal administration and because the health and social welfare basis on which it operates is new to many people—although its activities were temporarily established and thoroughly tested during the last war—it seems worth while to list some of the activities and community contacts of the field representatives in charge of regional and local areas. They are instructed to secure:

1. Factual data from State, local, public and private welfare agencies, law enforcement officers, public health officials, and organized defense councils or committees, relative to prostitution and venereal disease:

- a. Prevalence of venereal diseases and prostitution in defense area;
- b. Steps taken by State or local law enforcement bodies for control of venereal disease and prostitution;
- c. Concerted action that has been or may be taken by agencies, committees, or councils for supporting law enforcement;





- d. Number of clinics, out-patient departments of hospitals providing treatment for venereal diseases, and any data available as to probable sources of infection.

## 2. Information regarding plans for detention and social treatment of young girls and women charged with prostitution or suspected of or found to be infected with venereal disease:

- a. Ascertain number of public and private welfare agencies providing temporary shelter for women held on charges of prostitution, or held for health authorities for examination or treatment;
- b. Ascertain detention facilities in city or county jails available for detention of habitual prostitutes;
- c. Ascertain from public and private welfare agencies the services that may be given to first offenders, such services to include temporary boarding home care, medical treatment, work opportunities, individual case studies, transportation service for non-resident persons, and planned recreation opportunities.

## 3. Information concerning control and supervision of employment of young girls and women in cafes, taverns, "honky-tonks," and places of commercial recreation:

- a. Ascertain working conditions, hours, adherence to age limitations, wages paid;
- b. Ascertain, insofar as possible, whether girls or women employed in such places are from local communities or are non-residents; if non-residents, what type of board and room arrangements are available to them, cost of such board and room, and approximate cost of expenses incident to the employment. In the difference between wages received and living costs, indicate necessity of supplementary wages by legitimate or illegitimate means.

## 4. Suggestions of officials and individuals to be interviewed:

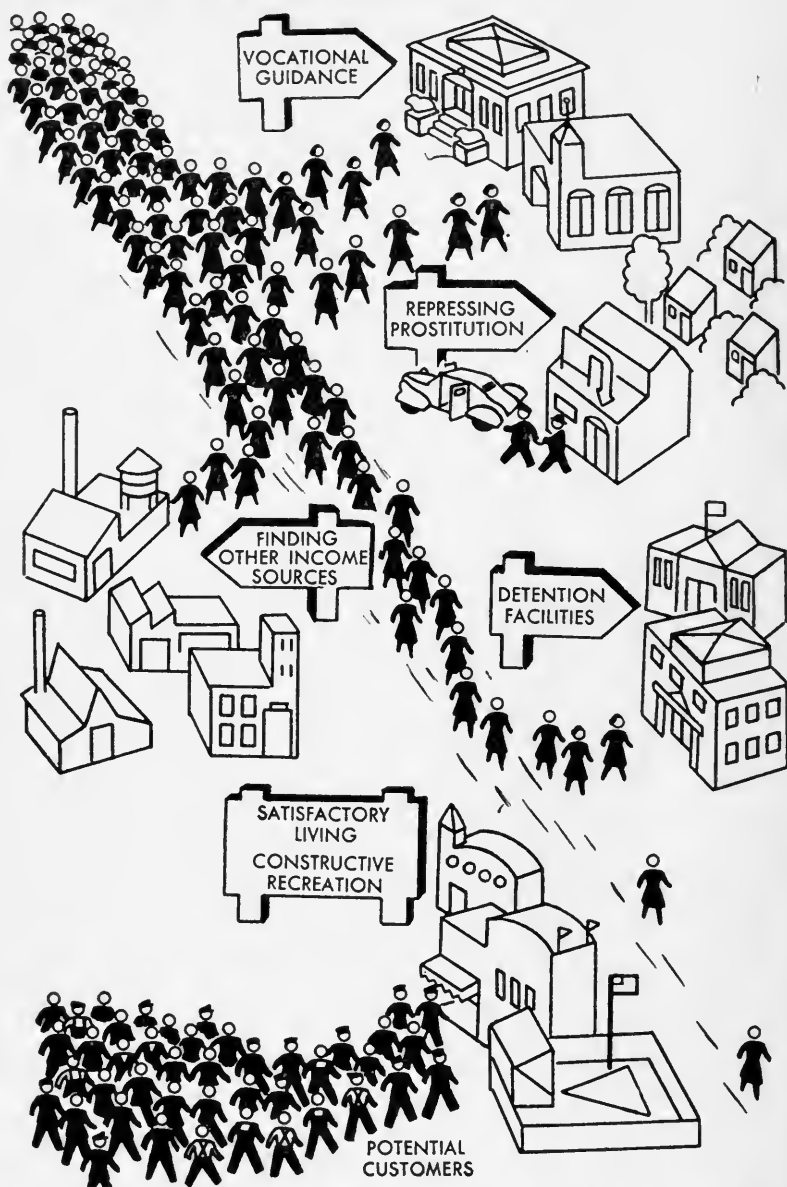
- (1) Relative to venereal diseases and prostitution: (a) state and local public health officials; (b) local police departments; (c) police-women; (d) sheriffs; (e) juvenile courts; (f) appropriate defense council committees or other local committees.
- (2) Relative to detention and medical facilities: (a) public and private welfare agencies; (b) council of social agencies; (c) agencies dealing with opportunities for work; (d) voluntary social hygiene agencies; (e) child welfare division of department of public welfare.
- (3) Relative to supervision and control of employment of women: (a) Woman's division of state industrial commission; (b) U. S. Employment Service—women's division; (c) Y.W.C.A. and other similar organizations; (d) Salvation Army; (e) local committees on housing.

## 5. Advice about methods of procedure:

### a. Regional level:

- (1) Study all available data on file in Regional Office relative to defense areas;
- (2) Study State laws pertaining to prostitution, venereal disease control, women and children in industry, inspection of working conditions, inspection of places of commercial recreation;

## HOW TO CHECK PROSTITUTION



PICTOGRAPH CORPORATION, FOR PUBLIC AFFAIRS COMMITTEE, INC.

Chart by courtesy of Public Affairs Committee from  
the pamphlet *Prostitution and the War* by  
Philip Broughton.



- (3) Conferences with consultants of Federal agencies relative to programs and facilities that might have bearing on problems encountered by the Social Protection Section.

b. State or local level:

- (1) Interview people at State or local level to learn extent of problem, awareness on part of State or local groups as to the existence of problems and as to community facilities available or required to meet the problem;
- (2) Interview welfare agencies relative to expanding existing programs to meet needs as determined on basis of survey;
- (3) Review of local, State, or Federal facilities that might be utilized by local communities in meeting problem.

6. Information on which to base recommendations for field trips:

a. Review of vicinity situation on at least three aspects:

- (1) Control of venereal disease and prostitution;
- (2) Medical and social service treatment for young girls and women arrested for prostitution;
- (3) Method of supervision and control of employment of girls and women.

b. Review accumulated data and outline procedure to be followed in assisting communities in meeting needs;

c. Similar review and analysis of conditions in other areas designated by Regional Director as in need of assistance in such matters;

d. Ascertain from all defense areas in the region as rapidly as possible without sacrifice of efficiency the problems existing and possible plans and facilities for controlling or meeting them.

The public now generally understands that the announced policy of the Government towards prostitution is one of repression, "to be followed in safeguarding the health and morale of the armed forces and the workers in essential defense industries;" and that the Social Protection Section was established by the Director of Defense, Health and Welfare Services to deal with the related social conditions which inevitably develop in communities with a rapidly expanding population or with a large concentration of single men. The resulting problems of vice, juvenile delinquency, protection of young girls and women in legitimate or questionable industry obviously are matters of immediate concern to this Section. With this understanding has come public support for the threefold task:

(1) To secure energetic repression of commercialized prostitution in areas readily accessible to Army camps, naval stations, and large new concentrations of personnel for defense industry;

(2) To bring about such means and methods of care and treatment of the women and girls arrested for prostitution that those who can return to acceptable modes of life will receive the kind of help they need, suited to their individual requirements, and that the others will be dealt with in accordance with their needs and capacities; and

(3) To develop supervision and control of taverns, dance halls, and other places to which young girls may be attracted for employment or commercial recreation in such defense areas to minimize the extent to which such girls are subjected to exploitation for purposes of prostitution.

This brief summary of the Social Protection Section, like the other summaries of Federal administrative units dealing with various phases of the social hygiene program for war and national welfare ought to be supplemented by examples of work done and descriptions of community conditions calling for action. Limits of space have precluded such illustrations in this number of the JOURNAL OF SOCIAL HYGIENE. There will be found, however, at the end of the series a few summaries which are typical of situations presenting the problems demanding united action by all the national, state, and community forces—both official and voluntary.

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“We cannot afford human waste—especially where it is most controllable, namely in our civil population. Disease and physical deficiency are waste of the most destructive kind.

“It may be that many of us are not yet aware of the extent to which health is a prerequisite to successful work and to happiness. Perhaps many of us have still to realize the importance of individual health maintenance as a patriotic obligation. Individual health is an asset and a social contribution at all times. Now, more than ever, we owe its enhancement to ourselves and our families, to the conservation of professional resources, to the ultimate conquest of preventable disease, and to the service of our nation at war.

“An understanding of the relation of individual health to national vitality will help us to a conquest of indifference—the deadliest disease of all.”

DONALD B. ARMSTRONG, M.D.  
*Third Vice-President,*  
*Metropolitan Life Insurance Company*

Soldiers and back damaged both in morale and types of young health; and his visit may be followed home-town boys, by a train of difficult problems which perhaps your boy will affect not only him but his civilian ordinary American companions, and which may result in they will go back added burdens of expense for the ties when their taxpayer, who provides the funds to is the aim of a support venereal disease clinics, de- them back health, detention homes for delinquent girls, in every way that and police and court facilities to deal and in this aim even with sex and criminal offenses.

*All these activities, both  
good and bad, affect  
civilian boys and girls as  
well as the personnel of  
the Army, the Navy and  
Defense Industries*

Within the



A

- 1.
- 2.
- 3.



- 4.
- 5.
- 6.



**D.** INCREASED EXPENSE to provide expansion of:

1. Prophylactic facilities and stations to reduce venereal disease infections
2. Diagnostic and treatment facilities for these diseases
3. Care and control of delinquent girls
4. Police and court facilities to deal with serious sex and criminal offenses

THE AMERICAN SOCIAL HYGIENE ASSO.

1790 Broadway, New York, N. Y.

Drawings by Irvin E. Alleman



## SUPPLEMENTAL NOTES AND ABSTRACTS

As acknowledged by the Editors, the Federal Departments, Agencies, and other administrative units whose work is described here made available a mass of reports, correspondence, orders, and statistical data, all of which are informative and interesting, but for which there is no space in this JOURNAL number. In an attempt to give the readers an idea of this material, however, the following illustrative notes and brief abstracts are included. These have been selected partly to suggest poor, indifferent and good efforts for dealing with the conditions described.

### I. SOME TYPICAL COMMUNITY CONDITIONS AND EFFORTS TO DEAL WITH THEM

*City A.* Seaport town—ten miles from the Station—population mixed as to nationalities, races, creeds, and color—proud of its record as a convention city—proposals to change “attractions” resisted—all houses of prostitution are known to police and health officials who permit attempts to control and inspect them—semi-professional prostitutes frequent bars and cafes all over town except within an area of three or four miles of the Station—amateur sources account for about the same proportion of the venereal diseases here as in other sections of the country—cases also develop from infection while on pass or furlough.

*City B.* Industrial city—old discredited ideas of medical examination and health certification of women prostitutes still prevail.—The commercialized prostitution problem is centered in thirty-six openly conducted brothels, twenty-one of which are located in one area resembling a red-light district, and fifteen scattered in various retail business sections. All prostitutes are photographed and finger-printed. They are also examined weekly for venereal diseases by private physicians who furnish them with “health cards.” Members of the vice squad make periodic inspection tours of the brothels, to see that each “girl” has been to see her doctor. Hotels do not harbor prostitutes; neither do “hustlers” frequent beer-joints nor solicit along the streets. Employees in industrial defense production and the personnel of an Army air base are exposed to these conditions.

*City C.* Population 17,000, located across the river from the post—sometimes called the “slum section” of a neighboring city—there are a few new buildings such as a Federal housing project, court house, and two well-kept attractive churches—but dwelling places are for the most part rickety, unpainted shacks, cabins, cottages and rooming houses. Juke joints, ramshackle business buildings and litters of debris cluster along the riverside; in the business area on the hill the buildings are similar. There is no industrial plant of any sort in the town and three-fourths of the wage earners work in nearby textile mills. Most of the working people are low-paid women workers. The city, which is bankrupt, is too decadent to have much civic pride, and county officials are reported to be indifferent about vice conditions.

The Mayor and Health Officer are reported to be interested in cleaning up the town but unable to make much progress. Articles in recent magazines about vice conditions here have put the people on the defensive. Curiosity seekers are driving through in great numbers.

Prostitution, gambling, and other cheap commercial amusements seem to operate with tolerance on the part of local officials, citizens, and some of the

officials of the United States Army. A notorious underworld character is reported to be operating a "better sort of business." She no longer runs a group of flop-houses, and is said to be "cooperating with police and health authorities." The Health Department, however, stated that the vice conditions have a derogatory effect on the program for controlling venereal diseases and repressing prostitution.

The Welfare Department indicated that an underground "racket" is operating in the town and is providing the local houses of prostitution with new girls, and taking responsibility for getting out of town the inmates of these houses who get into trouble with local authorities. The Welfare Department also reports that police focus their attention on transient girls and women who appear suspicious and take such persons into custody on charge of being a menace to public health. The jail, which is right outside of the windows of the Welfare Department, usually contains a population of a dozen or more girls or women—some of them very young. The public seems satisfied with this sort of a program for they believe the constant influx of transients who do not have work or funds is detrimental to the town's best interests. The Police Department is reported to feel that their activities in connection with the non-resident group is a means of keeping vice conditions under restraint and demonstrating to the public the department's interest in meeting police responsibilities. The girls are detained in the jail until their quarantine period is over and then the criminal court hears their cases. Disposition of the cases consists for the most part of charging the girls with vagrancy or disorderly conduct, suspending their sentences. They are conducted to the edge of town by officers and warned not to return. The State Department of Welfare knows of no funds that are available to provide them with travel expense—they usually hitch-hike to places unknown. A few of them who are serious offenders, or who are recorded as requiring further venereal disease treatment, are sent to the State Penal Farm for an average period of six weeks each.

Matron service at the jail consists of some informal non-paid attention by the wife of the jailer. There are no women members on the police force, and the personnel of the force is too limited in number to give any sort of adequate supervision to the very large number of food and lodging establishments and commercialized amusement places that spread out over the whole county.

*City D.* There are 250 known prostitutes who reside in this city more or less permanently. In addition there are a varying number of transients to be found in the hotels and on the city streets. This number has been increased materially in the past sixty days, due to migration from other cities where prostitution laws are being enforced. Many of these are unknown to city officials and, hence, very difficult to keep under supervision. There is no "red light district," as such; however, on the north side of town there is an area covering several blocks in which there are half a dozen or more "honky-tonks," that sell beer and have floor space available for dancing, and small houses in the immediate vicinity which are used by the prostitutes in the conduct of their trade. Contacts are often made in the beer parlors and on the dance floor. In addition, several of the hotels are frequented by both local and transient prostitutes. Many of them can be found on the streets and some in the immediate vicinity of the Army reservation. Every effort is being made by the city health officer, to keep constant contact with the permanent inhabitants. Those who do not come to the clinic voluntarily are more or less coerced. Examinations and treatments are free. There are other areas in the city, rather widely scattered, in which prostitutes may be found.

### *Cities E to Z.*

These are included to show, (1) that prostitution is a modifiable phenomenon, as Abraham Flexner concluded from his exhaustive study of the problem;\* and (2) that organized commercial prostitution rackets can be eliminated wherever the authorities supported by the people undertake to stamp them out.

\* *Prostitution in Europe.* Century Co. 1920.

*City E.* The entrance to this post is surrounded by an area known as the Y. This area is occupied by cheap dance-halls, catch-penny devices of all kinds, taverns, and numberless unattached women. This condition was taken up with the State Board of Health, and a special patrol was put in this area. In several days it seemed to be cleaned up, but on pay day, it was wide open, and full blast. It is obvious that it will constantly be a source of venereal disease if permitted to continue. Camp and squatter huts surrounding it are very unsanitary, and again many of these roadside stands sell food stuff, and are being patronized by members of the military force stationed here. This matter is being taken up by the Commanding General with the civilian authorities with the purpose of having all of these places which are potential sources of disease removed.

*City F.* This small town tolerates thirteen openly conducted brothels. Each brothel is permitted to harbor three inmates. All prostitutes are required by the police to be photographed, fingerprinted and examined—every ten days for gonorrhea and every sixty days for syphilis. Soldiers on guard duty nearby frequent the resorts.

*City G.* A brief study of flagrant prostitution activity disclosed five openly conducted brothels which harbor a total of twenty inmates. Soldiers are frequent patrons. Inmates allege that they are examined twice a week and each pays a "monthly fine of \$25," which they regard as a license fee.

*City H.* This city's chief prostitution problem is centered in seven brothels—white and colored. Some of them, especially the colored resorts, admit soldier trade from the Fort.

*City I.* Although the vice district is supposed to be closed, the city still tolerates a large number of semi-flagrantly conducted brothels—disguised as rooming houses. "Mugging" and fingerprinting and periodic venereal disease examinations have been abandoned. Armed forces in uniform are barred from most resorts. Many in civilian clothes, however, are entertained by the inmates. Industrial defense workers are admitted, apparently without question.

*City J.* This city's "bull pen" is closed. Rumors are afloat that it will reopen. Two brothels, locally termed parlor-houses, have resumed business. Each one at present harbors two inmates. More are expected soon. No prostitution activity was found in hotels, bars, night clubs nor along the streets.

*City K.* The city is free of prostitution activity. Local beer-joints are frequented by soldiers and clandestine solicitation is alleged. Honky-tonks are not as plentiful in the surrounding territory as they were a year ago. A few "bad spots" still continue to operate. Waitresses in these places do not solicit. Some are said to be available for immoral purposes. Soldiers and girls make use of cabins adjoining some of the honky-tonks.

*City L.* Commercialized prostitution among the white race apparently has been eliminated in this town. Negro soldiers, however, find Negro prostitutes in honky-tonks.

*City M.* This city made a clean sweep of commercialized prostitution in August (1941). Ever since then, law enforcement has followed relentlessly. Not one prostitute was found during this survey. Some soldiers claim they can pick up a girl in some beer-joints; others say that they visit the brothels in a town ten miles away. Taxi drivers act as go-betweens for these distant resorts.

*City N.* Vigorous law enforcement against commercialized prostitution was instituted recently in this city. One brothel only is operating, and is clandestinely conducted. Some soldiers are admitted. No prostitutes are to be found in hotels, beer-joints, or along the streets.

*City O.* As a result of the insistence of Army officials at the Air Base, local authorities transformed the city from a town in which wide-open commercialized prostitution prevailed to one where only three clandestinely conducted brothels currently operate. Each brothel has but one inmate. Only known customers or those vouched for by cab drivers are admitted. Soldiers are excluded—at least those in uniform.

*City P.* This city's notorious commercialized prostitution interests closed their doors on Christmas Eve. Most of the prostitutes left the city. Many former exploiters are renting their rooming houses for legitimate purposes. Bellboys and taxi drivers still have the desire to serve as go-betweens but are unable to do so because prostitutes are not available. Operators of disorderly massage parlors continue to advertise in the press, however.

*City Q.* A recent clean-up by a woman sheriff and her deputies rendered commercialized prostitution quite inaccessible in this vicinity.

*City R.* City and county authorities in January began a drive against prostitution interests. Honky-tonks along the highways near here have been closed, or have suspended illicit activities. Hotels in the city which formerly harbored prostitutes have discontinued doing so. Cab drivers provide two "hustlers" with trade. "The girls" make their headquarters in a local lunch room.

*City S.* This city's experience with commercialized prostitution was reported by the Mayor as follows: "We received a communication from the Army at the end of July, calling our attention to the passage of the May Act, and suggesting we avert Federal action. After less than four discussions we came to complete agreement. We felt the Federal Government meant business and the program was worth trying. On August 1, the order went out to close the 22 or 24 houses of prostitution. With few exceptions they are still closed. It was the simplest procedure ever taken in the city. Since then the number of prophylaxis treatments during comparative periods have been reduced from three thousand to three hundred. Cases of venereal disease contracted in the city have been cut down. We took the story to the people. They had believed in regulation but were willing to believe in the facts. We are about 80 per cent successful. Some houses are still open "under cover" but this number has been cut down, the prices have had to be raised, and the number of contacts have been greatly reduced. Business men argued that service men were going to other cities, but our checks on bus service and in other ways showed that this was not so. However, we have contributed something to the other cities, because 50 per cent of the prostitutes went elsewhere. What has been done in certain communities is now a state program and a Federal program. We have today half the cases of venereal diseases we had under regulation and control. Civic morality is better.

*City T.* The Chief of Police said that he had closed all the houses on Monday, October 27th. He said that he had not closed them previously because the local military post had not asked that they be closed, and that no one in the city had suggested closing them. A neighboring commanding officer, when visited by the Chief last summer had told him to let things alone. When, however, an emissary from the adjacent Army post told him they wanted prostitution closed "the job was done in a matter of fifteen minutes."

*City U.* The City Manager stated that his city has had commercialized prostitution for the past one hundred years. He said that in recent years, the continuance of this situation was due to the powerful influence of the editor of the local paper. The City Manager reported that he had brought the newspaper and business men together, and that they had agreed to do anything the Army asks the city to do.\*

*City V.* The Chief of Police reported that he has closed the houses in this city in accord with the law. He said that during the past ten months there has been a reduction in crime; and "no apparent change in sex offenses." The Chief started a lot of enthusiasm when he said referring to remarks made earlier in the meeting that as a "practical policeman," he believed that morality cannot be wisely neglected. He said he had three boys in the Army, and he wanted them to come back without any depreciation of their moral standards.

*City W.* The Vice-President of the County Citizens Committee of 500 said that this committee was formed just before election. He, personally, covered the business men, inviting them to become members. He contacted professional men

\* *Editor's note:* This request was made and the vice district was closed later.



also. He said his committee started its law enforcement campaign against prostitution with sixty-seven men and now has over a thousand who have signed cards of support. He said his committee had succeeded, and was proud of it. They "intend to keep D Street closed up." "Their only objective is the betterment of the city—no personal publicity."

*City X.* After general discussion of the civilian law and order aspects of the problem, the State Health Officer displayed charts based on studies of statistical information secured concerning the occurrence of acute gonorrhea in twelve counties. These statistics were based on reports received during nine months from six counties in which commercialized prostitution had been repressed, and from six counties in which there had been no repression. He stated that the other conditions in these two groups of counties were approximately the same. His charts showed that there had been an increase of more than 40 per cent in new cases of acute gonorrhea in the six counties without repression; and a decrease of 18 per cent in the counties campaigning against prostitution.

*City and a County Y.* The attorney in charge of criminal prosecutions for the State said that he was confident that if the Navy officials would ask for closure of houses of prostitution, they would be closed and there would be no trouble. He said the Chief of Police is competent and sound. He said the May Act will not be effective in a community that is under the influence of an Army or a Navy commanding officer urging the continuation of commercialized prostitution.\*

The State Attorney General made a very impressive statement. He announced that any community wanting to close its vice districts can do so. He said the opposition comes from those in the community who want vice—"A lot of people profit from prostitution, some of them are close to the administration of justice." He reported one Army unit, without naming it, that transported soldiers in trucks, depositing them in the red-light district in front of the houses of prostitution, having carried the soldiers from the county in which the Army unit is located into a neighboring county. He reported one community in which the Army had located a prophylactic station inside a house of prostitution.

*City Z.* In July, 1941, it became apparent that closure of commercialized houses of prostitution in this city was necessary in the interests of venereal disease control. The health department announced its policy with this slogan, "This Department takes the stand that venereal disease cannot be controlled so long as prostitution is tolerated." The usual deluge of arguments championing alleged advantages of tolerated bawdy houses and alleged disadvantages of closing same was precipitated, and no effective action was taken. So, the Health Department decided to take its case to the people. Since that time the Health Department has continued to make the facts available to the greatest possible number of citizens. Twelve thousand pamphlets have been distributed dealing with the problems of venereal disease control and commercialized prostitution. These pamphlets have been distributed either by mail to responsible officers of various organizations or governmental subdivisions, or they have been distributed personally following discussions of the problem before clubs and other organizations. Twenty-three talks on venereal disease control have been presented. Many people have been reached through news items reporting talks made before important organizations. Throughout the department's educational program, the problem of prostitution has been approached as only one phase of the effective venereal disease control program. It has been clearly defined at all times that it is the *business*—the third party profit of commercialized prostitution—that the Health Department particularly wants eliminated. There has been no moral or religious crusading and demand for official attempts to deal with all the problems of prostitution. However, complete elimination of the commercialized type of prostitution is held to be absolutely necessary for the control of venereal diseases and to be entirely possible when law enforcement agencies are in sympathy with such a program.

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\**Editor's Note:* Following efforts of voluntary State and Federal agencies, including a request from the Navy, the houses of prostitution were closed.

In this policy we have at all times been vigorously supported by the State Department of Health. Support by Army and Navy officials has at times been energetic and at times lukewarm.

On September 5, 1941, suppression of commercialized houses of prostitution was announced as the official policy of the city government and closure of houses was begun. Since that time, the State Department of Health has cooperated by conducting surveys of previously known bawdy houses at irregular intervals. Before the closing order, the city supported between 50 and 75 wide open tolerated bawdy houses. Early in October, 1941, the State Department of Health survey found thirteen places willing to do business. Subsequent surveys up until the early days of December always showed five to eight houses in operation. Certain houses continued in operation fairly regularly but on the whole the various places seemed to be operating under cover and on a broken schedule. During the latter part of December a survey failed to find any places willing to do business as a house of prostitution; but the present indications are that several houses are finding ways to continue the practices of prostitution on a commercialized basis. It is obvious that suppression in this city is not yet complete. The Health Department plans to continue its program of information to the citizens and its policy of demanding that all houses of prostitution be closed in the interest of public health. Our police department is committed to a policy of closing all these places and we expect that such closure will become an actuality in the near future.

Immediately following the closing order the incidence of reported gonorrhea began to drop. This occurred in spite of the fact that a good many houses continued to operate, but with a markedly limited volume of business. The difficulties incidental to back-door operation and intermittent hours of operation seemed to interfere rather seriously with the mass methods of supply and demand necessary for profitable conduct of a bawdy house.

There is some indication that a decrease in the number of reported cases of primary and secondary syphilis also has begun, but no definite statement to this effect can be made. In evaluating any change in reported cases of venereal disease here, it is well to remember that this city is enjoying an unprecedented industrial prosperity, that we are in the vicinity of several concentrations of military and naval personnel, and that the population has increased by approximately 50,000 persons during the past twelve months, and we are now at war. All these factors might be expected to raise the incidence of venereal diseases.

The Health Department realizes fully that its task of venereal disease control is only begun. It recognizes that suppression of commercialized prostitution is as yet only partial. This department believes, however, that firm adherence to our policy as previously stated—continued insistence upon adequate law enforcement, and a vigorous educational program for giving the facts to the citizens—will lead to a satisfactory conclusion.

## II. SOME ILLUSTRATIONS OF ARMY, NAVY, PUBLIC HEALTH SERVICE, AND SOCIAL PROTECTION SECTION PROBLEMS.

(1) "In addition to the above conditions, it is further reported that the two adjacent counties have refused to join in with the State Health Department and have failed to allow the U. S. Public Health Service to establish venereal disease clinics. . . . The Commanding General is particularly concerned in regard to matters affecting the health of the troops and feels that he must do everything possible to safeguard that health. Since the Recreation Centers in the neighboring communities have only recently opened and since they are designed primarily to furnish recreation for the soldiers, he is vitally interested in the rapid elimination of the reported conditions."

(2) "Every possible effort has been made to check the increase in the venereal rate of this station. Action taken includes the following:

a. The provisions of W. D. Circular No. 170 dated August 16, 1941, are being carefully followed.

b. Training film TF 8-154, subject *Sex Hygiene* has been shown to all members of the command.

c. A copy of the pamphlet *Sex Hygiene and Venereal Disease* has been distributed to all organization and unit commanders on the basis of one copy for each member of their unit.

d. Appropriate lectures on this subject have been and will continue to be given periodically by Medical Officers from the Base Hospital, by the Base Chaplains, and by Unit Commanders.

e. Organization and Unit Commanders have been instructed to have available at all times in their organizations the 'kits' prescribed by regulations.

f. Prophylactic stations have been established at the Base Hospital and in the city. This information and location of stations have been published for the information of the command.

g. Restriction to post for the following week-end of any unit which reports a new case, for purpose of additional instructions to all members of the unit."

(3) "Although there has been a rapid expansion of the post and attendant overcrowding, sanitary conditions have been highly satisfactory throughout the year and the sick rate during the past six months has been particularly low. The venereal rate has been somewhat above the average of the Army as a whole, in spite of concerted efforts on the part of military and civilian authorities to eradicate prostitution and the establishment of four venereal prophylactic stations in the city. Several factors are responsible for this rate. Prior to our entry into war, there was no restriction on military personnel visiting the city across the river, and many cases resulted from exposure there. Also selectees developed venereal disease following exposure just prior to entraining for this station. Other cases resulted from exposure in this city and failure to take prophylaxis. The present ban on military personnel crossing the river and the continued drive against the practice of prostitution will doubtless materially lower venereal rates in the near future."

(4) "The venereal rate for the Division continued above the standard rate, although the number of cases reported dropped from the previous month. It was found that the individuals developing venereal diseases in the majority of cases contracted the infection while on furlough, visiting localities where there were no prophylactic stations. All organizations have been ordered to comply with the provisions of Par. 1c, AR 40-235, and to submit reports of such lectures to Division Headquarters."

(5) "The venereal rate has been shown as high, but an analysis of this rate indicates that the rate of the permanent post personnel was low. The high rate is due to cases of venereal disease discovered among transients while on this post, the disease having been contracted at some other locality and usually outside this corps area."

(6) "Monthly examinations are given all cooks and mess personnel in the regiment for infectious or contagious diseases. All members going on furloughs or three-day passes must come by the Dispensary for a sex hygiene talk by the Surgeon, who initials the furlough or pass to show that the man concerned will take all precautions against catching venereal disease; all batteries were given lectures by the Surgeon on sex hygiene."

(7) "There has been a marked increase in the number of cases of venereal diseases during the month. Measures to combat this increase included the equipping of two and one-half ton trucks with prophylactic supplies. These mobile prophylactic stations are dispatched nightly to two towns being visited by large numbers of soldiers from this battalion. The number of men taking advantage of this service is gradually increasing."

(8) "The efforts of the Medical Department to find a more suitable location for a prophylactic station than the present one in the Enlisted Men's Service Club have been unsuccessful up to the present time. One desirable location was dis-

covered near the bus station, but the owner wanted a prohibitive rental for the place. The Quartermaster, who was instructed last August to find a suitable location for a prophylactic station has not furnished any suitable building as yet."

(9) "Here as in some other localities the refusal of many Negroes to use any form of prophylactic protection causes an excessive rate of infection among Negro troops. Enforcement activity in the community and consequent detention or follow-up of sources of infection of Negroes is slack, both because of an attitude of indifference in the community toward promiscuity among Negroes and because of inadequate detention facilities for as many as could be picked up. Since the maneuver period, there is no state quarantine or detention facility for recalcitrant infected individuals; and both city and county detention facilities are inadequate for detention of white as well as Negro women. The county has some unused space in the jail which could fairly inexpensively be brought into use. Enforcement staffs are without case work consciousness, police women, or matrons of jails. Officers are likely to go clean overboard in their judgment, designating a girl as no good or being completely roped in by a plausible story of a practiced traveler in the profession of prostitution. But they are rather decent and can in all probability be worked with. The City Health Department is solely dependent upon city appropriation; and without qualifications for grants in aid from U. S. Public Health Service, with coincident raising of standards, it is archaic and inept to the present emergency. Yet the Mayor considers the city-county combined health administration an utter impossibility."

(10) "The undersigned has held thirty-one conferences with representative civilians during the last thirteen months for the purpose of controlling venereal diseases. These conferences have included all agencies of the government concerned. Following the 29th conference which was the fourth to be held in the office of the Honorable Mayor, it appeared that some progress had been made. The 30th and 31st conferences included the Assistant Corps Area Surgeon, and it would appear that further progress may be made. Based upon statements of the legal authorities and the press, Neisserian infections (i.e., gonorrhea) are essentially in epidemic form among the Negro women. It appears that the police can round up hundreds of them but has no place to confine them as the jail is too small and the Charity Hospital is essentially full. There is a Public Health Clinic in the city, and it appears that the police are sending many infected Negro women to that clinic for out-patient treatments. It is further reported that many of these Negroes have come into the area from other states and from other cities and towns in the state, that they frequently and commonly change both their place of residence and names. It was acknowledged that the local clinic is inadequate and it now appears that efforts will be made to increase its facilities."

(11) "From observations over a lifetime spent in the South and during some of the venereal disease programs among Negroes that have succeeded in the past five years, I am convinced that the following factors must be recognized before Negroes will be reached by the military and civilian protective programs: Necessity for the simplest oral instruction; development of friendly rather than disciplinary methods of securing compliance with instructions; overcoming of distrust of methods not understood; counteracting age-old superstitions by simple explanations of the principles of modern science; recognition of their reliance upon preachers for the fundamentals of instruction in most matters of personal conduct; special provisions for their exploitation by promoters of gambling and sexual promiscuity; love of gambling; encouragement of hygienic habits instead of unhygienic habits arising from a background of underprivileged living conditions.

"Recognizing these factors and considering the experience of county demonstrations backed financially by the United States Public Health Service, the following program is suggested: Conduct the educational program among Negro troops almost entirely through the Negro chaplains. With their superior education Negro chaplains can be approached fairly easily by the medical officers and helped to a sound understanding through frequent conferences with them. Get the chaplains to hammer away on health as a service to God at every opportunity. If medical or military officers are to address Negro troops on the subject

of venereal disease, seat the Negro chaplain up front with them, and if it can be arranged, let the Negro chaplain preside."

(12) "Provision of some sort of recreation program so that the colored troops will have something to occupy their spare time at the post rather than in such places as the colored people might naturally gravitate to in this community."

(13) "Regular monthly physical inspection of the entire enlisted unmarried command was made on November 19th and 20th. Since the previous report of November 4, 1941, we have had seven new cases of gonorrhea; these are under treatment and the source of infection of five of these cases has been found and action taken by the undersigned in cooperation with the local health authorities. One new case of chancroid was found. In the opinion of the undersigned, prostitution is on the decrease as renewed efforts by the city, county and state officials to suppress prostitution have been initiated in cooperation with the Provost Marshal of this station."

(14) "Finally, during the last two aforementioned conferences (These had dealt with (a) finding venereal disease cases and carriers and securing treatment, and (b) repression of commercialized prostitution), at which the state and local liquor-control officers were present, it was also mutually agreed that these latter officers would padlock such buildings as could not otherwise be controlled by the Health Department, or by the police authorities, provided it were found that these places had served as a rendezvous for venereal contacts."

(15) "There is a large influx of girls every pay day by train, bus and auto. Many stay in hotels or rooming houses. The average age is 17, but some are as young as 14, and they come from all parts of the United States. Recently one girl who had not eaten in two days was found lying in a doorway. No cases have been referred to local welfare agencies because it is understood that funds are not available for transients. The Senior County Welfare Visitor said the Agency could accept transient cases for temporary care, providing board and room, pending clearance with home community. There have been no referrals from the police. The Agency has hesitated to offer services because its staff is too small to carry additional cases. Therefore, they serve only such cases as directly apply for help."

(16) "The past several weeks' experience in the detention center at the Women's State Penitentiary has done much to bring about better understanding between Health and Welfare Departments. In this instance, a United States Public Health Service officer was assigned to treat women detained and a thoroughly skilled case worker was employed by the State Department of Public Welfare and assigned to work with the doctor to provide social case work services."

(17) "A study of the reports from all available sources presents ample evidence of the nation-wide character of this battle between the forces of health and social protection on one side and the forces allied with disease and moral disaster on the other. While there have been made gains and losses on both sides in the past two years, the advantage seems clearly to lie with the public health, law enforcement and welfare organizations. Thus far one hundred and twenty-seven cities have secured the closure of their vice districts and are keeping them closed; while developing constructive welfare and preventive measures to safeguard girls and older women from exploitation as well as men and boys. These cities, added to the large number which have not permitted such conditions to arise in their midst, provide a solid basis of encouragement for accelerated and more effective action in future."

### III. ARMY AND NAVY ORDERS AND OTHER GOVERNMENT DOCUMENTS.

Circular  
No. 170

WAR DEPARTMENT,  
Washington, August 16, 1941.

Section

<i>Rations</i> .....	I
<i>Prohibition of prostitution within reasonable distance of Military Establishments</i> .....	II
<i>Addenda to Ordnance Standard Nomenclature Lists</i> .....	III

*I—Rations.*—Pending the publication of a revision of Circular No. 28, War Department, 1941, the field ration prescribed for a trial period of three months by that circular as amended is continued in effect. (A.G. 430.2 (8-8-41).)

*II—Prohibition of prostitution within reasonable distance of Military Establishments.*—The following procedure is prescribed in order to carry out effectively the provisions of the act of Congress approved July 11, 1941 (sec. I, Bull. No. 23, W.D., 1941):

1. The commanding officer of each post, camp, or station is basically responsible for determining if and when prostitution in areas adjacent to the military reservation adversely affects the efficiency, health, and welfare of the personnel of the post, camp, or station. Initially he will enlist the efforts of the local civil authorities to remove such prostitution conditions.

2. If such local cooperative measures are not effective, the local commander will make written request to his appropriate corps area commander for a special report of prostitution conditions in the specific area adjacent to the post, camp, or station. Such requests will be referred to the Defense Regional Coordinator of the Federal Security Agency who, under existing arrangements, will cause a special investigation and report of conditions to be made. The Regional Coordinator's report when received by the corps area commander will be referred to the local military commander for his information.

3. If the Regional Coordinator's report transmitted through the corps area commander to the local commander contains factual information of the existence of prostitution, the local commander will again consult the local authorities, inform them of the general contents of the report, and advise them of the action in paragraph 4 which he will be required to take if the unfavorable conditions are not corrected.

4. If the local authorities fail to take corrective measures within a reasonable period of time after they have been informed of the contents of the report, the local commander will forward a letter to The Adjutant General, through military channels, containing the following:

a. A statement of prostitution conditions which are inimical to the efficiency, health, and welfare of his command, based upon the Regional Coordinator's report.

b. A narrative of the efforts which have been made to cause the local authorities to correct conditions.

c. A recommendation as to the specific area or areas which the Secretary of War shall publicly announce.

5. If the report indicated in paragraph 4, together with other available information, indicates the existence of a condition harmful to the efficiency, health, and welfare of military personnel at the specified post, camp, or station, the Secretary of War shall designate and publish in War Department orders the specific area or areas adjacent to or a limiting zone around the post, camp, or station where it shall be unlawful to engage in prostitution or otherwise aid or abet same as described in the act of Congress referred to above. (A.G. 250.18 (3-12-41).)

*III—Addenda to Ordnance Standard Nomenclature Lists.*—1. Addenda to Ordnance Standard Nomenclature Lists are being revised. These addenda indicate the quantities of parts which are estimated as required to maintain the number of major items, usually 100, indicated by the addenda for a period of 1 year in the theater of operations.

2. These addenda, until experience indicates otherwise, should be used by reviewing officers as the basis for checking requisitions as to quantities and nomenclature of parts. (A.G. 062.1 (8-7-41).)

By order of the Secretary of War:

Official:  
J. A. ULIO,  
Brigadier General,  
Acting The Adjutant General.

G. C. MARSHALL,  
Chief of Staff.

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON

AG 353.8 (12-5-40) MO-A-M

December 16, 1940

**SUBJECT:** *Control of the use of intoxicating beverages by military personnel and the improvement of moral conditions in the vicinity of camps and stations.*

**To:** The Commanding Generals of all Armies, Corps Areas and Departments.

1. The following instructions relative to control of the use of alcoholic beverages by Army personnel are published for the information and guidance of all concerned.

Considerable success has been attained in the matter of control of the use of intoxicating liquors by military personnel through the wholehearted cooperation of responsible citizens in the vicinity of military activities. In the interest of temperance it is essential to use every available means to develop a healthy and attractive environment for soldiers during their leisure hours, not only on the military reservation but also in adjacent civilian communities; and with this end in view, commanding officers of posts, camps and stations are enjoined to obtain the cooperation of the authorities in the adjacent civil communities to eliminate undesirable conditions wherever found and strictly to control traffic of undesirable elements which seek entry into military reservations.

Existing rules and regulations, which require that members of the military service must at no time do anything that will reflect discredit upon the service, will be strictly enforced.

2. The attention of all concerned is invited to War Department letter of September 19, 1940, subject: "Cooperation of the United States Public Health Service in extra-military sanitation," and letter of October 28, 1940, subject: "Public Health Liaison Officer, Corps Area Headquarters," which were published in the interest of effective control to minimize the dangers of infection from venereal diseases among the personnel of the rapidly expanded military establishment.

3. The Army has a heavy responsibility in safeguarding the health and well-being of its personnel. In the training camps, large numbers of the youth of the country, in their leisure hours, will be seeking recreation in adjacent communities where they will be exposed to numerous and vicious temptations. Our responsibility for the young soldiers and to their families in this matter is paramount, but there is the further and more direct responsibility for creating an efficient army of high morale.

4. In addition to the full cooperation of the Public Health Service, as indicated in letter of October 28, 1940, mentioned above, the Department has received assurance of the full cooperation of The American Social Hygiene Association in its campaign against venereal diseases.

5. Commanding officers are enjoined to coordinate their activities concerning the control of venereal diseases with the agents of the Public Health Service and the agents of The American Social Hygiene Association and other similar associations, and in addition will seek the cooperation of civil authorities in the vicinity of their post, camp or station with the view of securing the removal of unsatisfactory conditions. Should local authorities fail to cooperate, local commanders will declare affected areas "off limits" for members of their commands.

By order of the Secretary of War:  
/s/ E. S. ADAMS  
Major General,  
The Adjutant General

1st Ind.

HQ. NINTH CORPS AREA, PRESIDIO of San Francisco, California, Dec. 28/40.  
TO: Commanding Officers, All Posts, Camps and Stations, including exempted stations.

For your information and compliance.

By command of Major General PEEK:

A. G. ELEGAR  
Captain, 30th Infantry,  
Actg. Asst. Adjutant General.

Distribution A. B.  
S-1-2-6-7-14.

RESTRICTED

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON

AG 250.1 (3-10-41) MM-M-M

March 22, 1941

SUBJECT: *Improvement of moral conditions in the vicinity of camps and stations.*

To: The Commanding Generals of all Corps Areas, Departments, Armies, GHQ Air Force, Armored Force, and GHQ; the Chiefs of all Arms and Services, and the Commanding Officers of Exempted Stations.

1. It has come to the attention of the War Department that there is a considerable lack of uniformity in the service with respect to enforcing War Department policies governing the improvement of moral conditions in the vicinity of camps and stations. In view of this fact, and with the view of removing doubt and misunderstanding as to the attitude of the War Department in this connection, you are informed as follows:

a. The War Department policy concerning this matter is enunciated in letter of The Adjutant General of September 19, 1940, subject "Cooperation with the United States Public Health Service in Extra-Military Sanitation," file AG 334.8 U. S. Public Health Service (9-5-40) M-A-M, and in letter of The Adjutant General of December 16, 1940, subject "Control of the use of intoxicating beverages by military personnel and the improvement of moral conditions in the vicinity of camps and stations," file AG 353.8 (12-5-40) MO-A-M.

b. In furtherance of this policy all military authorities will actively cooperate with local health officers in an effort to enforce the law and regulations, both State and local, in the suppression of commercialized prostitution and elimination of segregation. Local officials will not be encouraged in any respect either directly or indirectly in non-enforcement of these laws and regulations and under no circumstances will military personnel or civilian personnel under military control be permitted to make inspections of any character of houses of prostitution. The establishment of stations primarily for the administration of venereal prophylaxis in any civilian community where the venereal exposure rate would justify such installations, is urged upon all concerned. These stations should be wholly under Army control, established and maintained from Army funds, and operated by the Army Medical Department for the benefit of Army personnel.

2. Attached hereto are excerpts from statements made at the Joint Army and Navy Conference which was held in Washington, D. C., February 28, 1941, on this subject.

By order of the Secretary of War:  
(Signed) E. S. ADAMS  
Major General  
The Adjutant General

1 Incl.

Excerpts fr. statements  
made at Joint A. & N.  
Conf., 2-28-41.

RESTRICTED



General Order }  
No. 156 }

NAVY DEPARTMENT,  
Washington, D. C., Oct. 13, 1941

*The Control of Prostitution in Areas Adjacent to Naval Activities*

An Act of Congress approved July 11, 1941 (Public Law 163, 77th Congress), reads as follows:

"That until May 15, 1945, it shall be unlawful, within such reasonable distance of any military or naval camp, station, fort, post, yard, base, cantonment, training or mobilization place as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy, and shall designate and publish in general orders or bulletins, to engage in prostitution or to aid or abet prostitution or to procure or solicit for the purposes of prostitution, or to keep or set up a house of ill fame, brothel, or bawdy house, or to receive any person for purposes of lewdness, assignation, or prostitution into any vehicle, conveyance, place, structure, or building, or to permit any person to remain for the purpose of lewdness, assignation, or prostitution in any vehicle, conveyance, place, structure, or building or to lease, or rent, or contract to lease or rent any vehicle, conveyance, place, structure, or building, or part thereof, knowing or with good reason to know that it is intended to be used for any of the purposes herein prohibited; and any person, corporation, partnership, or association violating the provisions of this Act shall, unless otherwise punishable under the Articles of War or the Articles for the Government of the Navy, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year, or by both such fine and imprisonment, and any person subject to military or naval law violating this Act shall be punished as provided by the Articles of War or the Articles for the Government of the Navy, and the Secretaries of War and of the Navy and the Federal Security Administrator are each hereby authorized and directed to take such steps as they deem necessary to suppress and prevent the violation thereof, and to accept the cooperation of the authorities of States and their counties, districts, and other political subdivisions in carrying out the purposes of this Act: Provided, That nothing in this Act shall be construed as conferring on the personnel of the War or Navy Department or the Federal Security Agency any authority to make criminal investigations, searches, seizures, or arrests of civilians charged with violations of this Act."

2. When cases of venereal disease come to the attention of medical officers, those officers will endeavor to establish the source of the disease and will at all times keep the respective Commanding Officers fully informed as to the source and prevalence of venereal disease. Officers in charge of Shore Patrols will likewise report, to the officer establishing the Patrol, such information as to prostitution which may come to their attention in the discharge of their duties. Through the above means, and through such assistance as may be rendered by Public Health Officers, the State or local health authorities, or by the representatives of the Division of Social Protection of the Federal Security Agency, Commandants, Commanding Officers, and Senior Officers Present Afloat will keep themselves fully informed as to location and prevalence of prostitution in areas adjacent to their respective commands.

3. The basic responsibility for determining if and when prostitution in areas adjacent to shore activities of the Navy adversely affects the efficiency, health, and welfare of the naval personnel present rests with the Senior Officer Present Afloat, or with the Commandant or Commanding Officer of the shore activity, concerned. Initially, he will make every reasonable effort to obtain a correction of the conditions by request to the local civil authorities for enforcement of municipal and state laws. This may include a request to the Regional Supervisor of the Division of Social Protection, Federal Security Agency, since this agency has set up an organization for the purpose of handling such problems, and the facilities thus provided should be utilized to the fullest extent. If the Regional Supervisor cannot be contacted directly, a request for his assistance may be sent to the Federal Security Administrator, Washington, D. C.

4. Failure of local authorities to take corrective measures within a reasonable period of time, will be reported by the appropriate local naval authority via

official channels to the Secretary of the Navy. Such report will include the following:

A. A statement of prostitution conditions which are inimical to the efficiency, health, and welfare of his command.

B. A narrative of the efforts which have been made to cause the local authorities to correct conditions.

C. A recommendation as to the invocation of the provisions of the Act above quoted, with designation of the specific area or areas involved.

5. If the report indicated in paragraph 4, together with other available information, indicates the existence of a condition harmful to the efficiency, health, and welfare of naval personnel at the specified station, camp, yard, base, or cantonment, the Secretary of the Navy will designate and publish, as prescribed by the Act quoted in paragraph 1 hereof, the specific area or areas where it shall be unlawful to engage in prostitution or otherwise aid or abet same, or commit any other offenses specified in the act. Such designation will not, however, be made without prior consultation with the Federal Bureau of Investigation.

6. The primary purpose of this law is to assist the military and naval establishments in controlling venereal disease in their commands by removing, as far as possible, contact with the major source of venereal disease. Commanding Officers will not neglect, however, other means of reducing venereal disease in their respective commands but will continue to exert every effort toward this objective.

FRANK KNOX  
*Secretary of the Navy*

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*See also Orders, Circulars, etc., U. S. Army*

May 4, 1940 [AG 334.8 U. S. Public Health Service (5-4-40) M-A.]—Extension of present utilization of U. S. Public Health Service.

May 31, 1940 [AG 334.8 U. S. Public Health Service (5-22-40) M-SGO-M.]—Extension of present utilization of U. S. Public Health Service.

September 19, 1940 [AG 334.8 U. S. Public Health Service (9-5-40) M-A-M.]—Cooperation of United States Public Health Service in Extra-Military Sanitation.

October 28, 1940 [AG 334.8 U. S. Public Health Service (10-18-40) M-AM.]—Public Health Liaison Officer, Corps Area Headquarters.

December 16, 1940 [AG 353.8 (12-5-40) MO-A-M.]—Control of the use of intoxicating beverages by military personnel and the improvement of moral conditions in the vicinity of camps and stations.

January 13, 1941 [Surg. 726.1.]—Cooperation with the United States Public Health Service in the control of venereal disease.

January 13, 1941 [656-SGO-1-13-41.]—Cooperation with the U. S. Public Health Service in the control of venereal disease.

March 22, 1941 [AG 250.1 (3-10-41) MM-M-M.]—Improvement of moral conditions in the vicinity of camps and stations.

May 28, 1941 [Circular letter No. 50.]—Cooperation with State health departments in reporting of venereal disease.

August 2, 1941 [AG 726-1 (7-15-41) MB-M.]—Cooperation with the Public Health Service in reporting laxness of law enforcement in connection with the control of venereal diseases.

August 16, 1941 [Circular No. 170.]—Prohibition of prostitution within reasonable distance of military establishments.

September 5, 1941 [AG 353.8 (6-23-41) MB-A-M.]—Coordination of Welfare and Recreation Activities.

September 30, 1941 [AG 726.1 (8-22-41) MB-M.]—State premarital laws.

October 2, 1941 [AG 353.8 (9-13-41) MB-A-M.]—Establishment of the Division of Social Protection by the Federal Security Agency.

October 10, 1941 [AG 250-18 (10-8-41) MB-A.]—Prohibition of prostitution within reasonable distance of military establishments.

October 17, 1941 [AG 726.1 (10-17-41) MB-A-M.]—Control of venereal diseases.

## READINGS AND REFERENCES on SOCIAL HYGIENE IN WAR TIME

*For special references on venereal disease problems in other countries, see items marked "1." For references on program for early treatment and prophylaxis of venereal diseases, see items marked "2."*

### Before 1917

**1907**

H. G. FRANCH. 1. *Syphilis in the Army*. Bale, London.

**1912**

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY. *Papers by Officers of the Medical Corps, U. S. Army*. Washington. Government Printing Office.

**1913**

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY. 1.2. *Venereal Prophylaxis in Armies*. D. C. Howard.

**1915**

U. S. WAR DEPARTMENT SURGEON GENERAL'S OFFICE. (BULLETIN No. 8). *The Prevalence of Syphilis in the Army*. E. B. Vedder.

### The First World War

#### JOURNAL OF SOCIAL HYGIENE:

**1917**

APRIL (VOL. III, No. 2.)

*The Girls on the Border and What They Did for the Militia*, Elizabeth Boies.  
*Prostitution in its Relation to the Army on the Mexican Border*, M. J. Exner, M.D.  
*The Y.W.C.A. and the Army*.

JULY (VOL. III, No. 3.)

*Social Hygiene and the War, The National Agencies*, William F. Snow, M.D.  
*The Spread of Venereal Diseases in the Army and Its Prevention*, Anna Pappritz.

OCTOBER (VOL. III, No. 4.)

*Method of Attack on Venereal Disease—An Outline of Activities and Cooperating Agencies Planned to Reduce the Prevalence of Venereal Diseases in the U. S. Army*.

*Social Hygiene and the War, The Council on National Defense*, Franklin Martin, M.D.

To All Women and Girls, Edith Livingston Smith.

1. *The War and Venereal Diseases in Germany*, Dr. A. Blaschko, Dr. Ernest Finger, Prof. Albert Neisser, Dr. Katherina Scheven, Dr. Eicke, Prof. W. Schaltz, Dr. Kurt Mendel, Dr. A. Buschke, Dr. E. Klausner, Dr. W. Fischer, Anna Pappritz, and Dr. H. Schonheimer.

*What Some Communities of the West and Southwest Have Done for the Protection of the Morals and Health of Soldiers and Sailors*, Bascom Johnson.

*Vice Repression as a War Policy*.

## 1918

JANUARY (VOL. IV, No. 1.)

*Next Steps*, Major Bascom Johnson.

*Venereal Diseases and the War*, Surgeon General W. C. Gorgas, U. S. A.

*Social Hygiene and the War—The Prostitution Problem*, Paul B. Johnson.

APRIL (VOL. IV, No. 2.)

*Democracy at Work—San Antonio Being Reborn*, Carrol B. Ayres.

*Possible Effects of War Upon the Future of the Social Hygiene Movement*, Thomas D. Eliot.

*The Educational Program of the War and Navy Department Commissions on Training Camp Activities*.

*Social Hygiene and the War, The Educational Program*, Walter Clarke.

*The War and Venereal Diseases Among Negroes*, Arthur B. Spingarn.

*The Social Status of the Sailor*, J. S. Taylor, (MC) U. S. N.

JULY (VOL. IV, No. 3.)

*Social Hygiene and the War, Law Enforcement Aspects*, Timothy N. Pfeiffer.

*Venereal Disease in the Army, Navy and Community*, The Rt. Rev. William Lawrence, D.D.

OCTOBER (VOL. IV, No. 4.)

*Work with Chaplains in the Army and Navy*, William A. Bradley.

*Social Hygiene and the War—Woman's Part in Social Hygiene*, Katharine B. Davis.

*Social Hygiene and the War—Fighting Venereal Diseases—A Public Trust*, William H. Zinsser.

## 1919

JANUARY (VOL. V, No. 1.)

*Social Hygiene and the War—Work with Women and Girls*, Jane Deeter Rippin.

APRIL (VOL. V, No. 2.)

*Experiences of a Lecturer*, Rachelle S. Yarros, M.D.

*The Social Hygiene Sergeant*, William A. Bradley.

*Social Hygiene and the War, An Evaluation of Educational Materials*, M. J. Exner, M.D.

OCTOBER (VOL. V, No. 4.)

1. *Public Health Education and the American Army in France*, Charles E. Barr, M.D.

*The Sixth Division of the Bureau of Navigation, United States Navy*, Commander C. B. Mayo (MC) U. S. N.

## OTHER PUBLICATIONS:

### 1917

CANADIAN PUBLIC HEALTH JOURNAL, February. *The Venereal Disease Problem from the Military Standpoint*. Gordon Bates.

MEDICAL RECORDS, September. 1. *The War and Venereal Diseases*. E. K. Tullidge.

NEW YORK MEDICAL JOURNAL, November. *Venereal Disease in the United States Army*. F. F. Russell.

—*Effect of Environment Upon Venereal Disease in the Army*, W. F. Snow.

MINISTRY OF NATIONAL SERVICE. His Majesty's Stationery Office, London, 1920.

1. *Report Upon the Physical Examinations of Men of Military Age by National Service Medical Boards*.

## 1918

- AMERICAN JOURNAL OF PUBLIC HEALTH, September. *Program of the War Department Against Venereal Disease*, W. F. Snow and W. A. Sawyer.
- ANNALS OF AMERICAN ACADEMY OF POLITICAL AND SOCIAL SCIENCE. *Making the Camps Safe for the Army*, G. J. Anderson.
- Eliminating Vice from Camp Cities*, Bascom Johnson.
- BOSTON MEDICAL AND SURGICAL JOURNAL, April. *Venereal Problem; The Army Viewpoint*.
- INTERNATIONAL ASSOCIATION OF MEDICAL MUSEUMS. *Venereal Disease Problem and the War*, J. H. Stokes.
- JOURNAL OF AMERICAN MEDICAL ASSOCIATION. *The Control of Venereal Disease in the Army*, F. T. Woodbury.
- NEW YORK STATE JOURNAL OF MEDICINE, November. *Problem of Venereal Disease Control*. A. N. Thomson.
- NORTHWEST MEDICINE, August. *Control of Venereal Diseases in the Army*, A. H. Peacock.
- Relations of the Military to Venereal Problems*, I. L. McGlasson.
- SOUTHERN MEDICAL JOURNAL. *Civilian Influence on a Military Problem*, P. B. Johnson.
- U. S. PUBLIC HEALTH SERVICE, October. *Syllabus of an Address to Assist in the Instruction of Drafted Men in the Knowledge and Avoidance of Venereal Diseases*.
- UNIVERSITY OF LONDON PRESS, London. 1. *Syphilis and the Army*, Georges Thibierge.

## 1919

- BOSTON MEDICAL AND SURGICAL JOURNAL, January. *The Incidence of Venereal Diseases Among 6,086 Men Drafted into the Service Who Reported at Camp A. A. Humphreys, Va., Between September 4 and September 18, 1918*, I. W. Brewer.
- JOURNAL OF ARKANSAS MEDICAL SOCIETY, March. *Extra Cantonment Zone Sanitation (A Compilation of Results) Camp Pike and Eberts Field, Arkansas*. J. C. Geiger and others.
- JOURNAL OF LABORATORY AND CLINICAL MEDICINE, November. *The Incidence of Syphilis Among White and Colored Troops as Indicated by an Analytical Study of the Wassermann Results in Over Ten Thousand Tests*, William Levin.
- L'UNION MORALE, October, 1918-January 1919. 1. *Des Faits, des exemples ce qu'on fait pour l'Hygiene Morale des Camps Americains*, W. A. Bradley.
- MEDICAL RECORD, July. *Venereal Problems of the War*, V. C. Pedersen.
- U. S. WAR DEPARTMENT, BULLETIN No. 11. *Physical Examinations of the First Million Draft Recruits; Methods and Results, Compiled Under Direction of the Surgeon General*.

### U. S. PUBLIC HEALTH SERVICE:

- VENEREAL DISEASE PAMPHLET, No. 2. *The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men*, by states.
- VENEREAL DISEASE PAMPHLET, No. 11. *Venereal Disease—A Public Health Problem for Civilian Communities*.
- VENEREAL DISEASE PAMPHLET, No. 47. *Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men*, by cities.

### The Post-War Period

## 1920

- DEFECTS FOUND IN DRAFTED MEN; STATISTICAL INFORMATION COMPILED FROM DRAFT RECORDS, A. G. Love and C. B. Davenport. Government Printing Office, Washington, D. C. (1,663 p.)
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, January. 1. *Campaign Against Venereal Disease in the Army of Occupation*, D. M. Davis.
- 2. *The Value of Prophylaxis Against Venereal Diseases*, J. E. Moore.
- MILITARY SURGEON, November. 2. *The Problem of Administering Venereal Prophylaxis in Cities Adjacent to Army Camps*, C. W. Shaffer.
- 1. *Prevention of Venereal Diseases*, G. A. O. Reid. Heineman, London.

**1921**

INTERNATIONAL JOURNAL OF PUBLIC HEALTH, January-February. 1. *Combating Venereal Diseases in Armies*, Walter Clarke.

—1. *Treatment of Venereal Diseases in Armies*. March-April.

JOURNAL OF HEALTH AND SANITATION, May. *Blood Will Tell*, L. A. Stone.

MILITARY SURGEON, September. *Syphilis and Venereal Diseases; a Service Liability*, C. S. Stephenson.

—December. *Venereal Diseases in the United States Army*, Mary Augusta Clark.

**1922**

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, May. 2. *The Prophylaxis of Venereal Diseases*, George Walker.

JOURNAL OF NERVOUS AND MENTAL DISEASE, June. *Neurosyphilis in ex-service men*, R. H. Price.

MEDICAL STANDARD, Baltimore. 1. *Venereal Disease in the American Expeditionary Forces*.

VIRGINIA MEDICAL MONTHLY, June. *Venereal Disease from the Army Standpoint*, M. C. Syle.

**1925**

MILITARY SURGEON, August. *A Study of "Cured" Cases of Syphilis in the U. S. Army*, S. C. Schwartz.

**1926**

MILITARY SURGEON, April. 1. *The Venereal Disease Problem with the American Forces in Germany*, M. A. Reasoner.

**1936**

MILITARY SURGEON, January. 1. *The Venereal Disease Problem in the A.E.F.*, H. H. Young.

SHIELD. London. November. 1. *Venereal Diseases in the Army, Navy and Air Forces 1933-34*.

**1938**

MILITARY SURGEON, September. *Control of Venereal Disease in the United States Army*, W. W. Vaughan.

**1939**

BRITISH MEDICAL JOURNAL, October. 1. *Social Hygiene in Wartime*.

CANADIAN PUBLIC HEALTH JOURNAL, December. 1. *Venereal Disease Control During Wartime*, J. J. Heagerty.

LANCET (London) November. 1. *Venereal Disease: Its Prevention and Treatment on Active Service*, E. T. Burke.

MILITARY SURGEON, January. *Incidence of Syphilis in 5,000 Recruits and Casual Soldiers*, R. E. Blount.

—February. *The Venereal Diseases—United States Army*, H. C. Michie.

—September. *Syphilis and Mobilization*, W. V. Lorenz and W. J. Bleckwenn.

UROLOGIC AND CUTANEOUS REVIEW, January. *Progress in Syphilis Control Since the War*, A. J. Aselmeyer.

—*The Prevention of Syphilis in the United States Army*, E. E. Hume.

**1940**

AMERICAN JOURNAL OF PUBLIC HEALTH, November. *Prostitution as a Source of Infection with the Venereal Diseases in the Armed Forces*, C. R. Reynolds.

HEALTH AND EMPIRE, London, January. 1. *The Problem of Venereal Diseases in Wartime*.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, November. *Control of Venereal Disease*.

MILITARY SURGEON, December. *Our Medical Preparedness for Modern War; Presidential Address*.

MICHIGAN DEPARTMENT OF HEALTH, November. *30,000 Individual Kits Prepared for Blood Tests of Drafted Men*.

## Recent Publications on National Defense

### JOURNAL OF SOCIAL HYGIENE:

**1940—November (Vol. 26, No. 8) Social Hygiene and National Defense. I. The National Program:**

*Syphilis, Gonorrhea, and the National Defense Program*, Walter Clarke; *The President Stresses Health in National Defense*, Quotation from Franklin D. Roosevelt; *To Speed Our Defenses*, Dorothy W. Miller; *The Relation of the National Defense Program to Social Hygiene*, Harriet S. Cory; *National Defense and Social Hygiene in Upstate New York*, George J. Nelbach; *Program Emphases for Preparedness Conditions*, Ray H. Everett; *Preventing Venereal Diseases in Military Concentrations*, C. A. Harper; *Minnesota Venereal Disease Control Program in Connection with Military Maneuvers*, R. R. Sullivan; *The Defense Program in Alabama as It Relates to Social Hygiene*, J. N. Baker.

—December (Vol. 26, No. 9) **Social Hygiene and National Defense II: A Community Program:**

*Syphilis and Gonorrhea? A Discussion of Civilian Responsibility: I. The Problem from the Army Viewpoint*, George C. Dunham; *II. From the Viewpoint of the Navy*, Charles S. Stephenson; *III. As the United States Public Health Service Sees It*, R. A. Vonderlehr; *IV. The Problem from the Viewpoint of the Voluntary Agency and the Community*, Bascom Johnson; *Applied Common Sense in National Defense*, Ray Lyman Wilbur.

**1941—January (Vol. 27, No. 1) Social Hygiene Day Number:**

*American Communities Face a New Challenge*, Thomas A. Storey; *A Church Program for Defense Areas*, Leland Foster Wood; *New Jersey Takes Steps to Insure the Welfare of Army Recruits*; *Syphilis—The Deficit in Our Health Defense Budget* (Radio Talk), Florence S. Barris.

—March (Vol. 27, No. 3) **Anniversary Number:**

*Protecting Industry from Venereal Diseases*, Warren F. Draper, M.D.; *How the Army Protects Soldiers from Syphilis and Gonorrhea*, Arthur Parker Hitchens, M.D.; *The Sexual Aspects of Military Personnel*, Joel T. Boone, M.D.

—April (Vol. 27, No. 4) **Social Hygiene and National Defense III: An Industrial Program:**

*Syphilis, Gonorrhea and National Defense Industries*, Walter Clarke, M.D.; *The Control of the Venereal Diseases Among National Defense Workers*, R. A. Vonderlehr, M.D.; *Protection of Soldiers, Sailors and Workers from Syphilis and Gonorrhea: I. From the Standpoint of the Public Health Officer*, Millard C. Hanson, M.D.; *II. The Citizen's Part*, Rogers Deakin, M.D.; *A Layman's View of Social Hygiene and National Defense*, Philip R. Mather; *Syphilis and Industry in New Orleans*, George E. Schneider.

—May (Vol. 27, No. 5) **Social Hygiene and National Defense IV: A Youth Program:**

*Building Morale in the United States Army and Navy*, Frederick H. Osborn, Charles P. Taft, William H. Draper; *Hasty Marriage and the Draft*, Augusta J. Street; *A New Jersey Community Provides "Good Times in Good Company" for Its Soldier Visitors*, Raymond A. Schroth; *Some National Defense Problems of Universities and Colleges*, Thomas A. Storey; *National Defense and the Nation's Youth*, (Editorial):

—June (Vol. 27, No. 6) **Ninth Annual Library Number:**

*How Many People Have Syphilis?* Charles Walter Clarke, Marie di Mario and Mary S. Edwards; *Stop Venereal Disease Sabotage*—Speech of Hon. John M. Houston, before the 77th Congress.

—October (Vol. 27, No. 7) **Social Hygiene and National Defense V: The Attack on Commercialized Prostitution:**

*Editorial*, William F. Snow; *An Address*, Fiorello H. LaGuardia; *The Prostitution Racket Today*, Paul M. Kinsie; *Laws Against Prostitution and Their Use*, George Gould; *The May Bill Becomes a Law*; *Social Protection for Girls and Women*, Alice S. Clements; *Prostitution Abatement in a Venereal Disease*

*Control Program*, G. F. McGinnes and Henry Packer; *The Suppression of Commercialized Prostitution in the City of Vancouver*, Donald H. Williams; *Mobilization for Social Protection*, Bascom Johnson.

—December (Vol. 27, No. 9) **Social Hygiene Day Number:**

*We Need Not Tolerate Prostitution*, Bascom Johnson; *Milestones in the March Against Commercialized Prostitution*; *Division of Social Protection Announces Program*; *Syphilis, the Worker, and National Defense*, Carl F. Wilzbach.

Many of these articles are available in reprint form, and most large library collections include the JOURNAL OF SOCIAL HYGIENE.

## OTHER PUBLICATIONS:

A.S.H.A.

### Pamphlets

Pub. No. For Community Leaders and Professional Groups

- *Prostitution and the War*. Philip S. Broughton. Public Affairs Pamphlet No. 65. 10 cents.
- A-304 *Why Let It Burn?* The case against the Red-light District.
- A-363 *The Vice Problem and Defense*. Bascom Johnson, 5¢.
- A-323 *Defense on the Venereal Disease Front*. Thomas Parran. 5¢.
- A-410 *Social Hygiene and Youth in Defense Communities*. M. A. Bigelow.
- A-425 *The Federal Fight Against Venereal Disease*. Paul V. McNutt.
- A-426 *The Navy Social Hygiene Program in Action*. Ross T. McIntyre.
- A-430 *No War Boom in Venereal Disease*. William F. Snow. Survey Graphic Reprint.

### Exhibits

**SOCIAL HYGIENE AND NATIONAL DEFENSE.** Eight posters showing how syphilis and gonorrhea threaten our armed forces, industrial workers and young people, and how to combat and prevent these diseases. Miniature, 8½ x 11, 10 cents a set, 80 cents a dozen sets. Wall size, 17 x 22, unmounted, \$1 a set; mounted and colored, \$3. A.S.H.A.

**THE ATTACK ON COMMERCIALIZED PROSTITUTION.** Ten charts showing facts about the racket of commercialized prostitution and how it may be broken up. (Prices same as for exhibit above.)

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*These one-reel sound films are suitable for any general mixed audience of both lay and professional people, from high school age up. Running time is ten to twelve minutes. Price: 35 mm. \$75. 16 mm. \$50. Rental per day \$5. Transportation extra in all cases.*

**WITH THESE WEAPONS**, the story of syphilis.

**IN DEFENSE OF THE NATION**, presenting some of the problems which accompany national mobilization and telling what organized effort can do to avert these dangers (for community leaders).

**PLAIN FACTS ABOUT SYPHILIS AND GONORRHEA**, for any general audience, but designed especially for industrial workers.

**HEALTH IS A VICTORY**, the story of gonorrhea.

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# Journal of Social Hygiene

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**A Special Number on Progress in Prevention and Control of  
Venereal Disease among Industrial Workers**

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**Seventh National Social Hygiene Day  
February 3, 1943**

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The Association's  
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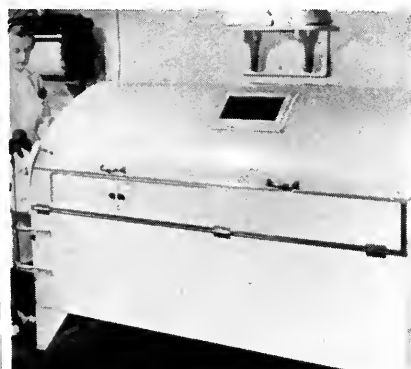


gonorrhea than any other serious infectious disease "

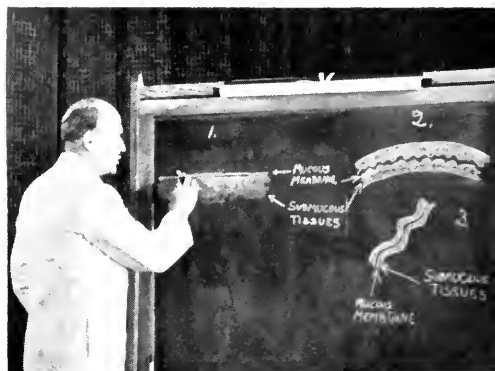
## HEALTH IS A VICTORY! . . .

is a worthy companion film for **With These Weapons**, the Story of Syphilis; **In Defense of the Nation**; **Plain Facts**; and other Association films.

The photographs on this page show various scenes from the new film.



Fever therapy



A doctor tells industrial workers how gonorrhea attacks body tissues.



Expert medical advice for the patient.

Below—Preventing babies' sore eyes by application of silver nitrate solution at birth—an outstanding accomplishment of modern medicine.



To get authentic pictures, of this method of preventing gonococcal infection, cameraman and director in gowns and masks waited four hours for this baby to be born in New York Hospital. At left, they are just about to begin the procedure.

The new production—

## HEALTH IS A VICTORY—

**the Story of the fight against Gonorrhea**—like others of the American Social Hygiene Association's films, was made in response to a steady demand for a film to tell briefly, scientifically and accurately the facts about the campaign against gonococcus infections. It is suitable for mixed audiences of high school age and up, and for both professional and lay groups.

Produced by Willard Pictures, who made the popular **With These Weapons, the Story of Syphilis**, under the medical direction of Dr. Walter Clarke, assisted by J. L. Stenek of the A.S.H.A. staff, **Health Is a Victory** is clear, concise and effective. Presentation is dramatic and documentary, with voice and sound throughout, and a notable cast.

**Running time:** 10 to 12 minutes.

**Price:** 35 mm., \$75. 16 mm., \$50. Transportation extra.

**Rental:** \$5 per day in the hands of the consignee, plus transportation.

*Write for free film folder, Publication No. A-428, describing other A.S.H.A. films—both talking and silent.*

AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 Broadway, New York City

# Journal of Social Hygiene

VOL. 28

FEBRUARY, 1942

NO. 2

## **A Special Number on Progress in Prevention and Control of Venereal Disease among Industrial Workers**

### **INDUSTRY'S OPPORTUNITY**

**SOME COMMENTS ON PAST, PRESENT AND FUTURE EFFORTS TO SOLVE THE VENEREAL DISEASE PROBLEM AMONG WORKERS \***

**WALTER W. B. MAY**

*Director of Public Relations, Portland General Electric Company*

There is a premise that should be stated, and from which we can begin.

Preceding the last War, some medical men and health officers, some educators, some laymen and some public agencies pioneered social hygiene education in many of its ramifications with sufficient success to establish the need for its continuance and development as a war-time public policy. Federal Government, through the United States Public Health Service, the Army and Navy and other government bureaus; the State Boards of Health and many City Health Officers, at the request of the American Social Hygiene Association, undertook a program of popular education which filtered into public consciousness with some degree of success and in which industry had a part.

\* Remarks at the Northwest Regional Conference on Social Hygiene, Multnomah Hotel, Portland, Oregon, February 12, 1942, Sixth National Social Hygiene Day. The general theme of this conference was: *Social Protection in War Time with Particular Emphasis on the Venereal Diseases*. The sub-section on *Industry* was a part only of a panel, *The Community Faces Its Problem*, which included representatives of *The Citizen, The Army, Labor, The Private Physician* and *The United States Public Health Service*.

By the time the war ended the control of venereal diseases had become a subject of international significance, and social hygiene in its broader aspects was accepted as a part of the League of Nations' program. In the reconstruction period after the peace the program, although interrupted or broken down in varying degrees, was continued, with the American Social Hygiene Association carrying the torch among private and semi-private agencies and pointing the way for local similar societies.

The United States Public Health Service, the State Boards of Health and some City Health Departments, vigorously in some instances and perfunctorily in others, held their gains or advanced or receded in varying degrees.

With the coming of the Social Security program, the United States Public Health Service and State Boards of Health, with aid through tax money; some educational institutions, some labor unions and some industrial establishments and groups, depending upon the pressure applied or the sales effort exercised, utilized the opportunity of that Social Security program to make some new starts, and to establish some new emphases in the movement. One of the great advances was in transforming social hygiene education and venereal disease control from the "untouchable" to the "touchable" group of social problems. Newspapers and magazines, largely as a result of the work done during the war period and since, and in recent years under the vigorous pressure of Surgeon General Parran's realistic and bold attack, began some time ago to admit to lay language and the publisher's and editor's vocabulary a terminology that made for a more general and accurate understanding. This was perhaps, the greatest of all advances and was the cumulative result of all these considerable efforts. The universities, through the medical and social science schools, have prepared some new leadership, which is another advance.

These facts and others are admitted and given due credit in what I am about to say. There is a widespread public awareness of the social hygiene movement. But, so far as I can discern, except for scattered efforts, industry has not, since the last war, voluntarily or under sales pressure, made it one of its compelling industrial group problems, although many individual accomplishments may be cited.

Among other reasons for this, one undoubtedly is that industry has had some other considerable problems to wrestle with. Another is that Government, having assumed some paternalistic guidance in this and other social problems of industry, discouraged industrial initiative in this field of social advance. Another is that there has been no consistent nation-wide request of industry to make this one of its major concerns and no sufficient private or public fund available for this particular field of activity to invite expert initiative to bring it about on a scale large and general enough for us to say that industry as a group is on the alert. It will take leadership and money.

If we could assume, for the moment, that this conference represents this community and that the problem of further control of the

venereal diseases is accepted by the community, and that we are actually attempting study and solution of the problem on the six fronts represented in this panel discussion, the future of the newly established Division of Social Hygiene Education at the University of Oregon Medical School would be a busy and promising one.

The late Dr. E. C. Brown, whose will and bequest made this new division of work at the Medical School and indeed this conference, possible, would feel his money was usefully spent if we could accept as a fact that the community does face its problem in this respect and that we could proceed on the theory that the money from this large bequest could be used in forthright constructive work in education for the further cure and control of these diseases. If we could assume that the community by facing this problem, again is accepting it, the many men and women who first pioneered and then maintained for 35 years the Oregon Social Hygiene Society, now inactive as a formal organization, would feel that their educational work had been eminently worth while and was ready to be turned over to the community as a whole.

Of course, that is not the case. The community *faces* the problem but no one is ready to say that it has *accepted* it. This conference, in so far as it may speak for and represent the community, we can assume, does *accept* the problem and that is about as far as we can go. One of the results of this conference should be to bring a step nearer the community's acceptance of the problem.

It is readily understood that I can only speak *of* industry and not *for* it in this instance, and in the words of Patrick Henry, "I have but one lamp by which my feet are guided and that is the lamp of experience. I know of no way of judging of the future, save by the past."

Therefore, I have concluded that the most valuable contribution I could make to this conference would be to bring to it a summary of the work that actually was done in the period 1918-1920, in industry, and to a large extent by industry, when it did for a year accept the problem. By Presidential order and Congressional action during the last War a program of education, treatment and cure of the venereal diseases was set up in industry. In that period I served as Assistant Director of Education in the Division of Venereal Diseases of the U. S. Public Health Service. My particular responsibility was the "Industrial Program," officially sponsored and directed by the Public Health Service but coordinated with the work of the American Social Hygiene Association, the various State Boards of Health, the individual state or community social hygiene societies, and the War Department Commission on Training Camp Activities.

If we can judge of the future by the past this conference may with some assurance point the way to an effective program in industry. Although this industrial work carried over a full year and a half after the armistice in 1918 it was then, of necessity, interrupted, and what has been done since, while effective, of course has been much

modified and of scattered emphasis. Had that program gone on jointly with the aid of tax and private money, the impact it would have made in the intervening twenty years would have been an illuminating addition to industrial education and perhaps to industrial medicine. It should be stated here that some of the work established then has been continued and some of the gains made have been held.

The formal report issued in June, 1920, of the work of the Industrial Section of the United States Public Health Service would make even now, I believe, a valuable handbook if it could be printed and placed in the hands of federal and state health officials and made available to lay societies and the medical schools that are now engaged in some phases of the venereal disease control work. I present here with the opening paragraphs from that report, dated July 1, 1920:

"The work of the Industrial Section of the Division of Venereal Diseases (United States Public Health Service) in its educational activities during 1919 and 1920, has been largely in developing a 'public health conscience' among employers of groups of men and women and the actual application in industrial establishments of the principles laid down and approved for the control of venereal diseases.

"This has been done in various ways, principally as follows:

- "1. By Presenting an 'Outline of Plan for Combatting Venereal Diseases in Industry' to more than 50,000 firms.
- "2. By getting together at two conferences the chief surgeons, or their representatives, of the 287 railroads under federal control, and by communicating with all railroads (686) not under federal control.
- "3. By a series of other conferences of industrial groups.
- "4. By utilizing trade publications or house organs for educational articles.
- "5. By enlisting the aid of such organizations as the American Social Hygiene Association, the American Red Cross and the Y.M.C.A. for the application of the venereal disease control program wherever possible in their work.
- "6. And, by using 'sales methods' in showing both employers and employes the value of the venereal disease educational and medical program, and in helping them to shape their programs so as to accord with the Public Health Service plan of action.

"In doing this 117,360 communications have been sent to executives and managers of industrial establishments; employers and employes have been assembled in 29 conferences of major importance and 36 lectures given by Bureau representatives; 11 showing of films dealing with venereal diseases have been made; 6 resolutions indorsing the venereal disease program and pledging aid have been adopted by industrial organizations; 20 articles of informative value have been written for trade and other publications; 755,423 pieces of educational material have been distributed exclusive of those distributed free by state boards of health as a result of requests referred to them and exclusive of reprinting done by industrial establishments.

"Of these 755,423 pieces of material distributed, 654,756 pieces have been printed and paid for without cost to the Government and



only 100,676 pieces of printed material paid for out of governmental appropriations have been sent direct from the bureau to industrial establishments. Of the total number of pieces of educational material put into use during the year 6,813 pieces were placards framed under glass and therefore having an increased period of usefulness.

"The interest of industrial executives in this work of the Public Health Service has gone beyond the Bureau facilities for keeping an adequate record of it and much work started as a result of the bureau's suggestions and sample educational material has, of necessity, been turned over to the medical department of the firm concerned or referred to the state board of health for development."

The foregoing few paragraphs are presented to this conference as they were written twenty-two years ago mainly to show that some effective work in venereal disease control through educational and clinical services undergirds the present war effort in this field and any program that may grow out of this conference. How spiritedly industry responded to the invitation to do something is an experience of the past by which the future might be judged if an effective and modernized program is set up. The formal report catches but the slightest significance of the far-reaching effect of educational work under proper auspices. One concern for instance reprinted 60,000 copies of the pamphlet and placard which were the backbone of the educational effort. This was the great Westinghouse Electric & Manufacturing Company, which, with the distribution of the pamphlets and placards, reorganized its medical department for the first time to provide venereal disease treatment. The American Steel Foundries, with nine scattered plants, reprinted 5,000 pamphlets and followed the educational campaign with medical service. Allied with this industrial effort was the almost revolutionary accomplishment of getting into the men's washrooms of every Pullman car in the country a placard framed under glass, and in subsequent years this work was extended, with great care and caution, and with the aid of most appealing modern art, to many of the women's washrooms in the Pullmans of the country. This type of work was duplicated in hundreds of industrial plants of which the two foregoing are but typical examples.

This so-called industrial program, the ramifications from which may be found in the development of many industrial medical services and first aid programs in hundreds of industries in the country today, grew out of the educational work among industrial workers that had been done by the American Social Hygiene Association prior to the war in 1917 and by the Public Health Service in the period of 1918-1920. For a few months this work was augmented by the War Department Commission on Training Camp Activities, where in fact the skeleton for the Industrial program was put together, for it was soon evident that venereal disease control work in the cantonments of the country would be ineffective if the control work could not be carried into the extra-cantonment zones, and if carried into these extra cantonment zones would be ineffective unless carried to the

industrial centers and farms, from which men were being recruited by enlistment and the selective service of that day.

What the program undertook to do, and what it proved could be done, was, by education, to pre-condition the men who were about to go into service in so far as the venereal diseases were concerned. This educational work resulted in treatment in civilian life of existing venereal diseases in many instances, so that men were acceptable for service, and it had a forceful and convincing influence upon the many new officers who for the first time were coming face to face with this problem in the handling of men. I have no personal doubt that it had a considerable influence upon a lot of hard-bitten older officers of the regular military establishment.

Following the armistice the American Social Hygiene Association again assumed active direction of the program, in close coordination with the Public Health Service, and at this time between November, 1918, and July, 1920, a fine demonstration was made of the cooperation between private enterprise and federal agencies that is possible in an effort of this kind.

The Association made available \$6,988.63 to reprint sample literature and outlines of the plan for the further circularizing of industry, and by July 1, 1920, industrial establishments of the country had returned to the treasury of the association the sum of \$5,514.57 or five-sixths of the cost. More than 50,000 plants were reacquainted with the problem as a peace-time responsibility. Industry not only agreed to accept the venereal disease problem as its problem among its employees, but it practically paid for the cost of having the problem presented to it!

In addition, thousands of industrial establishments and their key executives and some employees had been exposed to the educational idea in venereal disease control, the far-reaching good effects of which cannot be estimated.

In my opinion, the wide public acceptance which greeted Surgeon General Parran when he placed emphasis on venereal disease control in the Social Security program and his follow-up expanded activities for the preservation of health and the alleviation of misery among the poor and others, was partly due to the conditioning effect of this educational effort in industry in 1918. To neglect it further now in the face of what we know can be done in mass groups of industrial workers, is stupid and little short of neglect of opportunity in a field of social service.

This community faces this problem in industry. There is no question about it. It would now accept the problem in industry under any kind of adequate leadership from a lay group, to supplement the work of the State Board of Health. But, is it now not significant that with all the work that had been done with tax money during the last war by the Federal and state health agencies and with the aid of private money, in Oregon, an early proving ground of social hygiene education, each year the State Board of Health has to fight for enough money from the legislature to do any kind of

an educational or clinical job in venereal disease control, and that we had to wait until private initiative had led a venerable, wise and somewhat unusual doctor to leave the residue of his entire estate to the educational aspect of this work? Our universities, operating with tax money, have done little in this vital field of education which touches more persons more closely perhaps than any other one group of diseases with which our medical schools are concerned.

The educational effort in industry, if reestablished, should of course be coordinated with the program of law enforcement; with the educational work in our schools and colleges; with our efforts to have general hospital facilities made available to industrial workers at a cost they can afford; with the physical fitness program of the Office of Civilian Defense and the social protection and recreation work of the Federal Security Agency. Certainly it should be coordinated with what we are doing in the army camps and naval bases.

What we learned in our industrial work twenty-two years ago will be found to be not vastly different from what we would find today. We admit the advances in medical science and in the improved technique in treating gonorrhea and syphilis. We know something of the almost sensational success of the new drugs in treating these diseases, a development which may lead laymen to a refuge in a false security. All of these things will be more effective if their application can rest upon a sound foundation of social hygiene education.

I hope that because the work formerly done by the old Oregon Social Hygiene Society, which was effective beyond dispute, now is taken over by the Medical School, there will not be any great lessening of the emphasis upon the moral values in social hygiene education. Efficiency in the technique of treatment and in the power of drugs are not enough. The late Doctor Brown, I am confident from a long association with him, wanted some preventive educational work done, first, in the hope that the reclamation work that must always be done will become less and less a burden upon the taxpayers. The man or woman who through proper education, harnesses some of his sexual energies discriminately and sublimates some of his primordial nonsense into modern, constructive thinking, is a more valuable worker in industry and a better citizen than the man or woman reclaimed solely by medical science from the ravages of these diseases, however glamorous and satisfactory it may be to medical men to exhibit these accomplishments.

The best medical science, conscience and technique and the almost magical modern drugs have but scattered therapeutic value and efficiency, so far as the masses are concerned, until education, sweeping like a powerful magnet over the population draws the infected men and women, literally en masse, under the curative influence of these two forces, or draws the uninfected masses away from exposure. For preventing disease there is no prophylaxis as potent as education.

Until the power of education in this field is let loose upon the population the venereal diseases will remain, figuratively speaking, epidemic in spite of these medical and pharmaceutical advances.

If through this conference this community begins again to face this problem the *Outline of Plan*, proposed by the United States Public Health Service for combatting venereal diseases in industry, in which the work of the American Social Hygiene Association, the War Department Commission on Training Camp Activities and the State Boards of Health was coordinated during the last war, might again be tried out. It should, of course, be modified, to accord with the scientific and educational advances we have made in the meantime. The plan then was:

1. Distribution of educational pamphlets, posting of bulletins, placards, et cetera.
2. Confidential interviews between employes and executives entrusted with execution of the plan. Free lectures by federal and state health officers who will visit the plant upon request.
3. Examination by competent doctors of employes who have or think they have venereal disease. If feasible, time off with pay should be allowed where gonorrhea or syphilis is in infectious stages. Utilizing of existing medical or welfare organization in plant to include venereal disease control work and investigation by proper person into family condition of infected married workers.
4. Disposition of cases for treatment either by individual physician, at hospital or plant clinic with conscientious follow-up work. Clinics operated by U. S. Public Health Service or local Boards of Health are now available in many communities. Ascertain whether your community has one and use it.
5. Physical examinations of patients for a reasonable time after they are pronounced cured of gonorrhea. Few cases of syphilis can be cured in less than several years' time but they will cease to be infectious and dangerous to others as soon as all open sores have been healed which will require usually only a few months.
6. Realization on the part of citizens generally that, for purposes of protecting the public health, venereal diseases are diseases—not crimes necessarily.

In submitting that *Plan* to thousands of employers in 1918, the question was asked of employers: "Is it worth while?" and the answer was given by direct statements of which the following are but a few:

One plant, with a payroll of \$125,000 annually increased its efficiency 33½ per cent by reducing venereal infection among its employes.

In Northern New York one firm engaged a competent doctor to treat 36 cases among its employes during the six weeks' educational campaign, underwrote the cost and arranged to continue the educational and medical service. One employe who could ill afford it had paid \$800 for "quack" treatment.

One large steel company found 30 cases per 1000 men in its various plants.

Several large corporations translated this approved government material into other languages for the benefit of foreign speaking employes and engaged doctors and nurses to operate clinics.

Another company reprinted at its own expense 30,000 copies of an approved government pamphlet and provided a medical service.

Many large industrial conventions gave the subject a place on their programs.

Thousands of men called to war were unfit to fight or man ships because of venereal diseases. The government found it necessary and worth while to utilize a large personnel of the Army, Navy and Public Health Service to cure these men and prevent other infections.

With the *Outline of Plan* went also an *Industrial Questionnaire* which, after getting the number of employes, ascertained whether there was a company physician, plant nurse, or an industrial medical service of any kind. This questionnaire also disclosed whether there was a social or welfare program in the plant and obtained answers to certain direct questions as to whether the plant would cooperate with the State Board of Health and in other ways. These questionnaires in that day, came back by the thousands, and since 1918 there have been marked advances in social consciousness among employers so that even better results might be anticipated today.

Because of government regulations where the employer was buying the material he used at his own cost it was necessary for him to send his order to the American Social Hygiene Association and all other communications to the U. S. Public Health Service. It was surprising how many employers did this, indicating the serious interest they had in what was being done. They ordered pamphlets at the rate of \$3 per 100 and framed placards at a cost of 50 cents each, and unframed placards at a cost of 5 cents each.

The pamphlet which for men was entitled *The Facts About Venereal Diseases* carried the imprint of the Public Health Service and the American Social Hygiene Association, and in many instances also the imprint of the firm making the distribution. This pamphlet listed the clinics then established in all the states, numbering several hundred and they were printed in small type. The factual information in the pamphlet remains today, I believe, acceptable for ordinary use and with little modification would meet the needs of today. It was a handy pamphlet that could go for 1 cent postage unsealed or be carried in the pocket easily.

If we should, by a program of action, assume this community or any other will face its problem in this respect again, it should be relatively easy to introduce a program of education and treatment into industry, using the formula that was so effective in the last war. Certainly our experience of the past provides the lamp by which our feet might be guided in the future.

By way of conclusion I would point out that the field of social hygiene goes far beyond the mere cure of the venereal diseases and the intent of the late Dr. Brown's will did likewise. Social hygiene educational work, while helping in the cure and control of the venereal diseases, if well done in industry and elsewhere, will contribute handsomely to the popularity of right living, which is fundamental in the control and cure of all diseases and at the base of effective medical work in any field.

# PROTECTING WORKERS FROM VENEREAL DISEASES

## I. IN CIVILIAN DEFENSE INDUSTRIES \*

JAMES G. TOWNSEND, M.D.

*Chief, Division of Industrial Hygiene, National Institute of Health*

The health of the American worker has achieved new public significance these past 12 months. Not only do industry, labor, government, medicine, and public health realize this, but citizens also in every walk of life look with growing interest and concern toward industrial health.

The urgency of industrial production for our National Defense Program is indeed the highlight of today's news. The struggle in which we and other nations find ourselves involved is, indisputably, an economic struggle. Our nation has been called upon to produce the most—the best—and the fastest.

The answer we give to this challenge depends very heavily upon the health of industrial workers. An *ample* labor supply is not enough. Government and industry alike have recognized the need for trained workmen by the establishment of programs for vocational training. But again, *trained* workers are not enough. America needs *healthy* workers, physically and mentally capable of sustaining production at a high level.

Sickness of all kinds—occupational accidents and diseases, non-industrial illness and injuries—has done more to slow up production, to retard our defense effort than labor disturbances or bottle necks. In 1940, about 7 million days were lost from work because of strikes; and in the same year, some 350 million days were lost because of disability. Sickness is, truly, the most powerful and subtlest of saboteurs.

To the public health worker, and especially to the industrial hygienist, this is an old story. For more than twenty years, the United States Public Health Service has charted the course of occupational disability. Year in and year out, our records tell essentially

\* Presented at the Round-table on Venereal Disease and Defense Workers. Sponsored by the American Social Hygiene Association, Atlantic City, New Jersey, October 12-13, 1941.

the same story. Sickness and accidents among our wage earners in industry cost the nation ten billions of dollars annually.

The problems of industrial hygiene, then, are not new ones. Old problems, against which but slow progress has been made, are intensified by our emergency needs.

Another factor has stimulated fresh attention to industrial health. During the past twenty-five years, great advances have been made in scientific knowledge. Chemical, engineering, and clinical research have taught us how to find and to eliminate specific occupational hazards. Medical progress, in general, has taught us how to deal with non-industrial diseases and injuries more effectively than in the past. But we have not effectively applied the knowledge which would prevent large amounts of the industrial disability which annually sabotages defense production.

True, continued research is needed and is being carried forward; new substances and new conditions, born of rapid changes in manufacturing methods, are being investigated. Nevertheless, the modern industrial hygiene program has for its objective the reduction of disability and the promotion of health through more effective application of existing knowledge and existing services.

For the purpose of our discussion it is important that you and I clearly understand that objective. May I repeat? It is to reduce disability and promote health among industrial workers through the more effective application of existing knowledge and services.

Among industrial workers the major causes of disability and ill health are *not* the illnesses and injuries incurred on the job. Occupational diseases and accidents account for approximately ten per cent of the total time lost from work as a result of disability. The great volume—the 90 per cent—of industrial disability results from the common diseases and accidents of which you and I, as well as the industrial worker, may be the victims.

The venereal diseases which we are here to discuss are among the causes of general illness that afflict the worker. But as important causes of disability, syphilis and gonorrhea do not appear in our records, I think we can readily understand this. The worker newly infected with these diseases is not “disabled” in the sense that his illness keeps him off the job. He may not recognize his condition; or, he may recognize it and go along without treatment. If he seeks medical aid he often goes to doctors who are not connected with the plant in which he is employed. Even if he is under treatment, he can remain so without losing much time from work.

If we come to consider the end-results of venereal disease in terms of disability due to syphilitic heart disease, gonorrheal arthritis, paresis, and other late manifestations, the available data leave us very much in the dark. Diseases of the heart, arthritis, rheumatism, nervous and mental diseases are important causes of disability in industry. But who is to tell us what proportion of these all-too-common ailments

are due to venereal infection? Experience indicates that the proportion of chronic diseases attributable to venereal infection in industry is about the same as that in the general population.

The data on venereal infection in the industrial population are meager. No studies have been made of gonorrhea in industry so far as I know. And no systematic study of syphilitic infection in industry has been made. Reports of routine blood-testing for syphilis among industrial groups over the past five years run the gamut of infection rates—from less than half of one per cent to ten per cent or more of the employees infected. Therefore, it is impossible to make out a case for an unusually high or low prevalence of syphilis among the industrial population.

Again, experience has been much the same as that of serologic surveys in general population groups. Considerations of age, sex, economic and social status—yes, and even geographic region—must condition our determination of the prevalence of syphilitic infection among industrial groups. In fact, one might well say that the prevalence rate of syphilis is high among industrial workers in those communities and States where the rate is high in the general population. "Where venereal disease has been attacked vigorously," Surgeon General Parran said, "it has receded."

The most recent and dramatic proof of this statement lies in reports of the prevalence of syphilis among young men examined by Selective Service Boards. The syphilis rate among the first million men examined varies from 5.8 per 1,000 for white men in a northern State to 170.1 per 1,000 in a southern State. In the northern State the control of venereal disease has been prosecuted vigorously; in the southern State, these services are poorly developed.

What I am trying to demonstrate is that venereal disease is a public health problem, and not an industrial problem any more than it is a white collar problem or a business class problem.

The control of venereal disease among industrial workers likewise is not the responsibility of industry, *per se*. It is, rather, a part of the total public health program which must be brought to bear upon the health of the worker—not as an employee of a particular company, but as a citizen entitled to the services provided by his community.

Recent efforts to stimulate industry to "do something" about venereal disease among employees have produced small results, much confusion, and some unnecessary hardship. It should be remembered that even in normal times, less than one-seventh of the industrial workers in the United States have the full-time services of a physician employed by the company. In a very few instances, industrial companies with well-established medical services have initiated programs for the detection and treatment of syphilitic infection among employees. On the other hand, the great majority of companies—with or without medical services—have done nothing. A few have initiated or cooperated in serologic surveys, and in many instances the blood-testing campaign has resulted in nothing more than the enunciation of a personnel policy for dealing with workmen found infected.



To date, no such policy, satisfactory to all concerned, has been enunciated. And even where policy has been proposed, there has been nothing like uniform adoption by the companies who have sponsored serologic surveys.

The objective of the serologic survey, or of the routine physical examination and blood-testing of employees, is to get more persons with early gonorrhea or syphilis under treatment. This should be clearly understood by employers and employees alike, as well as by interested citizens desiring to stimulate action for the protection of workers from venereal disease.

Despite remarkable advances, during the past three years, in the detection of syphilitic infection and bringing infected persons under treatment, Selective Service examinations in 22 States, Hawaii, and the District of Columbia, revealed that only 25 or 30 per cent of infected candidates were under treatment. The bulk of these registrants had syphilis of recent origin. If this percentage could be increased to 75—if three-fourths of our cases of early syphilis were under treatment—syphilis could be eliminated as a public health problem in a few years.

The demands of national defense are likely to affect the problem of venereal disease in industry. Younger, less experienced men, more girls and women, and more older workmen may be expected to line the benches of defense industry in increasing numbers. Moreover, considerable migration of workers to new employers, even to new communities, has already taken place, and is likely to increase enormously in the next few months. The recruitment of new workers and the rapid migration in the industrial population are important reasons for all of us to hold fast to the good old public health principle—control of communicable disease is a responsibility of the community health service.

The establishment of blood-testing or even blood-testing and treatment programs in a few industrial companies will not answer the purpose of protecting defense workers from venereal disease. Nevertheless, the presence in any community of an increasing industrial population offers both an opportunity and a challenge to community leaders.

The Federal-State cooperative programs for the control of venereal disease and for the promotion of industrial hygiene make available to every community in the nation services which can be directly applied to the protection of the industrial population. The industrial hygiene and venereal disease divisions of State health departments are in a strategic position to bring the venereal disease control program into the defense industries if sympathetic State health officers support the program.

At the present time, 34 State industrial hygiene units and mobile units of the Public Health Service are operating with increased personnel in defense areas. Their programs involve the determination and control of occupational hazards and the promotion of health

and sanitation in defense industries. Their knowledge of defense production in the State and community, their understanding of plant procedure and operations, and their close relationship with industry and labor make the industrial hygiene units the logical agents to open the way for venereal disease control activities by State and local health agencies among defense workers.

In the past two months alone these units have surveyed more than 800 plants in defense areas. Much valuable time and effort can be saved by integrating State or community venereal disease services with the plant surveys. Moreover, as liaison between industrial medical services and the health department, the industrial hygiene unit can be expected to stimulate attention to venereal diseases in companies having medical facilities.

The detection and treatment of syphilis and gonorrhea are not the entire story of protecting the gainfully employed adult from venereal disease. Programs of education among both employers and employees are needed, not only to make control measures effective but also to guard against future infection.

The rapid concentration of new population in defense areas has, as we all know, created many serious problems of housing, sanitation, and recreation. The worker in a strange community is fair game for the agents of unwholesome recreation. He has more money in his pocket than the soldier, and for this reason is an especially attractive prospect for the procurer and the prostitute. All of us know too well how this factor increases the peril of venereal infection.

Much has been done to expand the facilities for wholesome recreation for the armed forces in communities adjacent to military camps. To what extent these facilities are also available to the defense worker, I do not know. Clubs and play centers have been provided by some plants for their employees. Certainly no program such as the United Service Organizations has been developed for workers. We all know that the provisions of the Army and Navy for recreation and other morale-building facilities in the camps are not enough. It is in *community* life that the soldier and the worker alike spend their leisure time—not in their work places. No efforts for the protection of industrial workers from venereal disease can be considered complete without planning for wholesome community recreation.

The coordination of public health and industrial hygiene services for the detection and treatment of venereal disease among defense workers and the promotion of wholesome leisure-time activities together challenge community leadership. Labor, industry, the medical profession, civic organizations, and public health services all should be enlisted in the community attack on these subtle saboteurs of national defense effort.

## II. IN GOVERNMENT DEFENSE INDUSTRIES

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In approaching the topic of the protection of workers in government industry I may find it difficult not to repeat certain principles which have been set forth in Dr. Townsend's important paper. I must, therefore, request your indulgence in this respect and endeavor to emphasize such minor differences as do exist between the two groups in the mechanism involved. The term government defense industries in the present discussion will refer specifically to those activities under the direct administrative control of the Army and the Navy.

The past four or five years has seen a tremendous and widespread increase in the interest in venereal diseases, largely as a result of popular education in the subject and the leadership of Surgeon General Parran of the U.S.P.H.S. This interest has been reflected in every walk of life and it was to be expected that industry in general would be aroused to the problems of the worker with these infections.

In fact the importance of syphilis in industry was recognized in certain isolated instances long before there was any thought of the present aggressive and open campaign against this disease. After the World War demonstration of the effectiveness of venereal disease prevention, interest in syphilis control centered chiefly in the railroads. This is readily understandable as the life of a railroad is its reputation for safety; and safety reflects not only mechanical development but also human alertness, precision and power.

However, with relatively few exceptions the question of venereal disease control in industry has been neglected until within the last few years, an outstanding exception being the control program of the DuPont Corporation under the leadership of Gehrman and initiated in 1934. But the attention of employers is now beginning to be focussed upon the relation that venereal diseases bear to lowered industrial efficiency

and hidden costs. Some of the largest industries are now carrying on programs of syphilis control, notably the DuPont Corporation as just mentioned, the Caterpillar Tractor Works, the Aluminum Company of America, The General Electric Company, The Koppers Coal Company and New River Coal Company. The recent studies of the industrial prevalence of syphilis in Buffalo, Cincinnati and New York City are also of outstanding importance. The seriousness and costliness of syphilis as a health risk is, therefore, becoming a growing concern in industry.

Government industry, however, has not as yet committed itself to definite action in an attack on the problem, although its industrial force is relatively of enormous magnitude and still rapidly mounting. Thus the industrial civil personnel in the Shore Establishments of the Navy was approximately 227,000 on July 1, 1941, an increase of 90 per cent over that of the corresponding duty in 1940. This included eleven Navy Yards, or ship-construction plants, with an industrial population ranging from around 7,000 to 20,000 each, the total number of Navy Yards and other stations reaching 232. It may also be of interest to mention that 49 private shipbuilding corporations are under Navy contract, that is, are devoting 100 per cent of their effort to Naval construction with a total of approximately 83,000 employees.

The total industrial population under the control of the Army was nearly 266,000 on July 1, 1941. The combined civil personnel carried by both Army and Navy was approximately 493,000 or nearly half a million persons.

#### EXPECTANCY OF PREVALENCE OF SYPHILIS IN GOVERNMENT DEFENSE WORKERS

The prevalence of syphilis in government defense workers has not been examined but the expectancy can be estimated on the basis of the prevalence found in the young men recently called for selective service and from recent epidemiological studies in industrial groups. This is conservatively estimated as roughly 20,000 cases of syphilis.

#### URGENT REASONS FOR A SYPHILIS CONTROL PROGRAM IN GOVERNMENT INDUSTRY

The development of safety and industrial hygiene programs in Navy Yards has brought new knowledge to lay personnel and the realization of accompanying benefits through reduced absenteeism

and labor turnover and increased efficiency and production. It is believed, however, that Government management has not given sufficient attention to the liabilities involved in the industrial menace of syphilis. The disease not only leads to time losses, but if untreated, may be hidden many years and attack the cardiovascular and central nervous system, with crippling effects leading to industrial losses, interruptions in production through labor replacement, damage to equipment and worker's compensation to others injured in accidents caused by syphilitic workers.

Attention is invited in this connection to the industrial studies of Osborn, Traenkle and Dolce in Buffalo; finding a relatively high prevalence of early syphilis in employees of age groups 18 to 30; a high rate of latent syphilis, cardiovascular and neurosyphilis from 30 to 40; and after 40 a high rate of late cardiovascular and neurosyphilis. Workers subjected to severe physical strain were found to be more than twice as liable to develop late cardiovascular syphilis as those employees engaged in mild physical effort.

The importance of syphilis as a government industrial, as well as a public health, problem has been enormously intensified by the rapid government industrial expansion in the National Defense Program. Now, with government defense industry doubling and redoubling production, it is time for both management and labor to unite in a fight against the sabotage of this venereal disease.

Men engaged in government defense industry are as important to National Defense as men in uniform. It will be recalled that in the first World War five men in defense industries were estimated as required to maintain one man on the fighting line. Under wartime conditions today the ratio is near 15 to one. Accent, therefore, hardly needs to be placed on the fact that the control of venereal diseases promises to be another safeguard for increased industrial output.

#### ADMINISTRATIVE

I turn now to certain administrative aspects of the problem in government industry. All industrial establishments of the Army and Navy are provided with a full-time medical service as an integral part of the organization. The industrial physicians and surgeons are commissioned medical officers of the military service.

##### (a) *The Civil Service Commission.*

All civil employees are appointed by the Civil Service Commission. Pre-employment examinations are required in all instances and the physical standards for acceptance are prescribed by the Commission. If the candidate presents obvious clinical signs of syphilis or gonorrhea he is rejected, but a blood test of applicants for syphilis is not stipulated. The adoption of the syphilis control program advocated by the U. S. Public Health Service and the American Social Hygiene Association would require the concurrence of the Civil Service Commission.

**Retirement Provisions.** All employees are eligible for retirement for total physical incapacity after completion of five years' service, the retirement compensation being dependent on length of service. This refers to non-industrial causes. The Commission has complete jurisdiction over retirement matters. It should be emphasized that an employee completely incapacitated by the late effects of syphilis would be eligible for retirement after sufficient length of service.

(b) *The United States Employees Compensation Commission.*

This is the independent agency set up directly under the President for the administration of all laws relating to compensation of Federal Employees for industrial accidents and illnesses. The syphilis control program would be of pertinent interest to the U. S. Employees Compensation Commission in that the accident rate would tend to be reduced and compensation costs lowered accordingly.

(c) *The Shore Establishments Division of the Navy Department.*

The industrial Shore Establishments of the Navy are under the jurisdiction of the Assistant Secretary of the Navy, the direct administration being vested in the above Division of the Navy Department. Directives as to policy affecting all stations emanate from him.

(d) *The Administration of the Navy Yards.*

The Navy Yards or naval construction centers are commanded by a naval officer of the rank of rear admiral. There are two Departments, i.e., (1) industrial and (2) military. The Medical Division of the Yard is an independent unit, the head of which reports directly to the Commandant.

Both the Army and the Navy have recently recognized the growing importance of industrial hygiene by the organization of industrial hygiene units staffed by technically trained medical personnel in the Medical Division of their industrial establishments. This is important in relation to venereal disease control in that any program to this end would fall under the cognizance of these units. The problem of such control would in all probability be simpler for government industries than industry in general for the reason that they are served by full-time medical officers of the Army or Navy who are familiar with the principles as applied to the military forces which are fundamentally similar to those required for industry.

VENEREAL DISEASE PROTECTION OF THE GOVERNMENT DEFENSE WORKER  
AS COMPARED WITH ARMY AND NAVY PERSONNEL

As Dr. Walter Clarke has recently pointed out, the defense industrial worker is in a distinctly inferior status in regard to the prevention and medical care of venereal diseases as compared with Army and Navy personnel. Thus the following features are officially provided for enlisted men: recreation and other morale-sustaining activities, educational measures, medical inspection to reveal cases of venereal disease, facilities for diagnosis and treatment, prophylaxis facilities and public interest and concern as to welfare measures. On the other hand, no such provisions are made at present for government defense workers.

We, therefore, see that the social hygiene problems of industry are more difficult and quite as urgent as those of the armed forces in view of the present demands upon the National Defense Program. These problems, moreover, are complicated by the large congregations of population in areas far distant from their homes in the vicinity of expanding war industries with bad housing conditions.

#### PLANS FOR THE CONTROL OF VENEREAL DISEASES IN INDUSTRY

At this point may I invite attention to one of the most important advances achieved in the administrative control of venereal disease. The naval and military services have long been aware that one of the main lines of attack in a control program is upon infection in the civilian population, especially in areas where the Army and Navy or National Industrial Defense employees are concentrated. To this end, early in the present National Emergency, the Secretary of War and the Secretary of the Navy asked for cooperation from the Surgeon General of the Public Health Service in developing the most suitable facilities possible for the control of venereal diseases among civilians. The basic consideration was to formulate a common working plan so that in the event of mobilization a mechanism would be available to install at once the most effective type of control program. Although the principles of venereal disease control were already well determined, still the delineation of responsibility had not been definitely established among the Army and Navy and civilian units, the Health Departments, Public Health Service and police and welfare organizations.

Based on several conferences, a statement of policy was drawn up outlining the services to be developed by state and local health and police authorities in conjunction with the Medical Corps of the Army and Navy, the Public Health Service and interested voluntary organizations, notably the American Social Hygiene Association. Limitation of space prevents the outlining of the details of this agreement.

Two other important events have occurred which relate to the control of the venereal diseases since the beginning of the National Defense Program. The first of these was the mobilization under the Selective Service System, which made possible through the examination of a large representative portion of the manpower of the country a much more exact determination of the prevalence of syphilis in young personnel of the industrial age group; also presenting an opportunity to bring a larger number of persons infected with syphilis and gonorrhea under treatment than ever before in the United States. The second related to the instructions by Congress that the facilities for the control of venereal diseases, developed as a civilian health program in the preceding years, be intensified and adapted to the new requirements created by the present mass movement of large population groups.

The agreement cited above on measures for the control of venereal diseases in areas where military forces or national defense employees are concentrated recognized that control in military areas and in industrial areas are simply different phases of the same problem.

However, as already stated, government industry has not yet given serious thought to a constructive policy in dealing with these diseases.

#### A SYPHILIS-CONTROL PROGRAM FOR GOVERNMENT INDUSTRY

The basic principles of an anti-syphilis campaign for industry in general have been formulated by the United States Public Health Service. As already mentioned, a considerable number of the civilian defense industries have adopted a program of syphilis control generally patterned in its main features to this formula. The methods employed will, of course, vary according to the local situation and availability of diagnostic and treatment facilities.

A proposed program of syphilis control for government industry will now be outlined under the following captions:

(a) *Administrative Approval.*

The program will require the authorization of the U. S. Civil Service Commission and Naval Management for its full operation. It is, therefore, imperative that these agencies understand the plan and objectives of attack and are in agreement as to its basic principles. This is essential if effective executive backing is to be obtained.

(b) *Educational.*

(1) *Management:* The education of executives is sometimes necessary, many thinking that all luetic personnel are infectious and therefore to be avoided; also with regard to the fact that such personnel, if free from symptoms, are not bad industrial risks or will not prove expensive in costs for medical care or early retirement for disability, provided that adequate treatment is administered. On the other hand, it should be pointed out that the real industrial risk is engendered by the failure to diagnose syphilis by serological test prior to employment, thereby accepting an unknown fraction of employees with this infection.

A pertinent illustration follows: At one of the largest Navy Yards approximately 27,000 pre-employment physical examinations were conducted from January 1, 1939 to June 30, 1941, i.e., a two and one-half year period. One instance only of syphilis was reported, this being an advanced disabling case of neurosyphilis. Based on the recent prevalence of the disease in general industry, determined by epidemiological studies, the expectancy of infections missed during this period was of the order of 1080 cases. Under a syphilis control program, provision would have been set up for the treatment of this group with virtual elimination of the element of industrial risk.

(2) *Labor:* An educational program to be developed which will teach employees the facts about venereal diseases, such as the mechanism of infection and the methods of prevention and treatment; the hazards of untreated or improperly treated syphilis being stressed. The most effective single method of demonstration is the sound motion picture followed by a question period for the audience. The films of the American Social Hygiene Association such as *In Defense of the Nation* and *With These Weapons* are invaluable for this purpose.



Sound education of the lay public is essential if the maximum cooperation is to be assured. Venereal prophylaxis, both chemical and mechanical, should be a part of the instructional schedule.

(c) *Blood Tests.*

(1) Pre-employment and Re-employment Blood Tests: Routine blood tests for syphilis to be made on all applicants for employment or re-employment, and this to include executive and clerical, as well as mechanical, personnel. The objective, of course, is to secure medical control of all luetics and to exclude cases in the infectious and late disabling stages. Compliance with the blood test will be a requirement for acceptance.

(2) Periodic Blood Tests: While it would be highly desirable to obtain the serology of all employees of the plant who would volunteer for the purpose, it is proposed at present that only such groups be taken as are now regularly examined, such as workers in hazardous trades or men in key positions for safety control, such as cranemen, locomotive engineers, chauffeurs, etc.

(d) *Disposition.*

(1) Cases Positive With No Other Signs: These cases to be accepted for employment on condition that they will accept adequate treatment. Those refusing should be referred to the local health department. Those accepted will be referred to their private physician or to public clinics if indigent.

(2) Cases Presenting Symptoms: To be excluded from employment if in the early infectious stage, with the proviso of reconsideration when rendered non-infectious by treatment; to be permanently excluded if in late disabling stages.

(3) Cases Found On Periodic Examination Of Employees: To be retained in employment even though in infectious stage in the event of compliance with treatment requirements; cases presenting evidence of late disabling stages to be retained, if feasible, by transfer to other types of activity not involving possible occupational hazard. In other words, discrimination must be strictly avoided. The leaders of both the American Federation of Labor and the Committee on Industrial Organization have given wholehearted support to the national syphilis program but are disinclined to advise active cooperation of members unless protection against discrimination is assured.

(4) Follow-up Procedures: This is regarded as the most difficult aspect of the control program. Patients under treatment should be required to report to the medical officer of the plant at definite intervals for a blood test and with a statement from their physician or clinic as to the precise amount of treatment over the period stipulated. Patients should be vigorously warned as to the danger incurred in lapses of treatment.

(e) *Records.*

One of the difficulties of the present Civil Service plan is that the medical record is not made confidential and is available to any govern-

ment officer. If a syphilis control program is introduced this would be a pernicious system, inasmuch as executives who might be prejudiced because of the existence of syphilis would deliberately discriminate against otherwise competent applicants. The confidential character of this information should be protected without question. If impracticable to file physical examination records in the Medical Department, the diagnostic laboratory findings could be recorded on a separate form, this confidential record being kept in a suitable card index file in the Medical Department.

(f) *Repression of Prostitution.*

It is recognized that the vigorous measures of public health and medical control of syphilis and gonorrhea must be paralleled by equally effective social and legal measures for the repression of prostitution. These fields of activity must be carefully coordinated with general health, recreation and related defense activities inside and outside of government defense industries.

A tremendous step forward in this field was accomplished by the passage by Congress of the May Act; made effective in July, 1941, making prostitution a Federal offense in the vicinity of Army and Navy establishments. This authorized the Secretaries of War and Navy, and the Federal Security Administrator to take such action as they consider necessary to execute the provisions of the Act. Other departments, particularly the Department of Justice, are required to cooperate.

May I emphasize the enormous value of the contribution which the American Social Hygiene Association has made and is continuing in the field of cooperation with legal and protective measures? I am authorized to say that the field studies of the Association in areas adjacent to government defense industries have shown definite recent improvement.

(g) *Gonorrhea-Control Program.*

The gonorrhea-control program would follow the same general lines as have been outlined in the foregoing plan. No data are available as to the industrial prevalence of this infection but the records of the Army and Navy reveal that it is three to four times as frequent as syphilis.

#### CONCLUSIONS

The venereal diseases are of pressing industrial and public health importance. The United States Public Health Service and the American Social Hygiene Association are ready to cooperate with government industry in control programs. Every effort is being made by the Public Health Service to strengthen state and local health departments in industrial defense areas. Certain corporations in private defense industry are giving serious attention to the problem. In view of these facts, it is believed that Federal Government Industry should now take the initiative in venereal disease control.

#### ADDENDA

The views and opinions expressed in this paper are those of the author and are not to be construed as reflecting the policies of the Navy Department.

## COMBATING SYPHILIS AMONG CINCINNATI INDUSTRIAL WORKERS

W. H. RICHARDSON

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There was an article in the *Readers' Digest*, July issue, 1936, entitled, *Why Don't We Stamp Out Syphilis?* The author of that article was Surgeon General Thomas Parran, whom we had hoped to have with us today as one of our honored guests. It made a deep impression on me. Here, exposed in dramatic clarity for the uninformed public, were facts about a highly prevalent disease, syphilis, that to a very large degree is curable, but which, if neglected, holds dire and devastating results for the persons so afflicted. Or as Dr. Parran put it (I quote—)

“A plague that disables half a million Americans a year; a plague that does a hundred times as much damage as the dreaded infantile paralysis; a plague that is wrecking lives, shattering homes and filling institutions all over the land with its insane, blind, feeble-minded, or unemployable victims—that is syphilis. It bids fair to become the great American disease. And yet we might virtually stamp out this disease were we not hampered by the widespread belief that nice people don't talk about syphilis, that nice people don't have syphilis, and that nice people shouldn't do anything about those who do have syphilis.”

I became even more impressed when I applied the possibilities of these facts and averages to the members of our own organization. After consulting with our local doctor and our industrial nurse, we decided to have Wassermann tests made at our Lockland Plant where there are about 800 employees. This was in October, 1936.

The big problem, it seemed to me, was how to sell the idea to the men and women in our factory. We obtained 1,000 copies of Dr. Parran's article, which we distributed among our employees at several group meetings, with the result, that on a strictly voluntary basis, about 98 per cent of the members of our organization were blood-tested. It was understood, in advance, that the results of the blood-tests would be strictly confidential and that any positive findings would be disclosed only to the doctor and nurse, and that in no

way would a positive finding affect anyone's job. This promise was kept.

The results of these tests at our Lockland Plant were better than average. It is interesting to note that some who had the disease were not aware of it. All who were found to be infected took treatment; about one-half going to their own physicians, and about one-half to clinics. Incidentally, quite a number of our organization expressed to me their appreciation of this interest in their welfare. This was very gratifying to me because it proved that we had needlessly worried about their willingness to cooperate.

About two years later, May, 1938, I was requested by Dr. William S. Keller, President of the Cincinnati Social Hygiene Society, to undertake to organize Cincinnati industries to do what we in the Gardner-Richardson Company, had accomplished. We formed a committee known as "The Industrial Committee for the Control of Syphilis," made up of representatives from industries of greater Cincinnati.

We were very fortunate in the selection of our committee. We were also very fortunate that from the start we had the services of Mrs. Eleanor Holmes, who had been deeply interested in our program from its inception. We had the approval of the Cincinnati Board of Health, The Academy of Medicine, and the Cincinnati Social Hygiene Society.

Our first consideration was to obtain funds sufficient for carrying on. By letter and by solicitation by Mrs. Holmes, we raised approximately \$4,000. Arrangements were made with several of the blood-testing laboratories to make tests on the basis of 50 cents each, in quantities of twenty or more, as we felt it was essential that the cost of the Wassermanns should be kept as low as possible.

While this was taking place, Mrs. Holmes was selling our program to industry. First to the management, then to the plant physician or superintendent, and later on, both Mrs. Holmes and Dr. Carl Wilzbach, at the request of the management, met employees of a company in groups and explained to them the importance of blood-testing and the benefits from treatment.

We printed explanatory pamphlets which were distributed among employees. For these services we made a charge of 10 cents per capita. That is to say, we asked each company to give us 10 cents for each employee and in most instances I believe that our requests were met. If, however, we were unable to obtain the service charge, the work was started without cost to the firm. Many of the companies have continued to make the same yearly contribution to our committee, so that with these funds, augmented by gifts from individuals, we have been able to carry on our program for over three years.

We greatly appreciate the fact that during the year 1939 we were fortunate in having the financial assistance of the United States Public Health Service, through the State and local Health Departments. The program has been continued under the direction of the Cincinnati Commissioner of Health, Dr. Wilzbach, augmented by the

services of public health nurses, follow-up workers, public medical clinics, and laboratory services.

I am informed by Dr. Wilzbach that—

110 firms employing 27,703 workers have *completed* blood-testing.

35 firms employing 43,300 workers are in *process* of blood-testing.

34 firms employing 52,955 workers have agreed to, but have *not* as yet started blood-testing.

Of the 45,955 persons tested of which we have records, 1,799 or 3.9 per cent had Syphilis.

I am also told that approximately two-thirds of these patients are being treated by private physicians and one-third in public clinics.

Mrs. Holmes also tells me that to date—

434 education lectures have been given to 53,483 persons.

161,570 pamphlets and 472 posters have been distributed.

But even more important, the discussion of syphilis as a public health menace has now been brought out into the open. The Cincinnati newspapers have given our Committee full cooperation and our crusade much appreciated publicity.

Now what about the future?

We are at war—we have no longer merely a defense program—we must win. This much is certain, the products of industry are essential and without them we cannot win. Therefore, it is more important *now* than ever, that industrial workers be sound of body and free from mental worry in order to stand the strain of longer work hours and a speeded up production.

One of the obstacles that must be faced is the fact that all industry is now being classed as either essential or non-essential. Non-essential industries may cease to operate. All manufacturing plants are confronted with changes in product, raw materials, loss of men to Armed Forces, and to the defense industries.

An ever-increasing number of Government reports and new regulations, priorities, etcetera, require more and more of the management's time and attention. It seems to me, therefore, that the managers of industry at the present time may be slow to take on our program. In spite of this, there must be no lapse.

Our efforts more than ever should be concentrated on the so-called defense plants which are now adding to their personnel. Blood-testing should be a part of the physical examination that is usually required of each applicant for a job. Anyone afflicted should be employed on a temporary basis until a cure is effected.

I know that any company will be repaid many times in a reduction of hours of lost time from work, because of accidents or sickness, and that an increase in the "good will" of employees, which is so essential to a company's success, can be gained.

The publicity given regional conferences like this one here in Cincinnati is bound to help our industrial program.

## COOPERATION OF INDUSTRY WITH THE DETROIT HEALTH DEPARTMENT IN VENEREAL DISEASE CONTROL

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A program featuring the cooperation of the Social Hygiene Division of the Health Department and industrial establishments in Detroit was planned primarily to assist in tracing patients who were delinquent in their treatment for a venereal disease, and in locating persons reported as contacts to known cases of venereal infection.

The finding of both of these types of persons is often very difficult. The delinquent case may not be located because he gives a false address on admission, or has moved since that time, or simply because the working hours of the department inspector coincide with the working hours of the person sought. The locating of persons named as contacts often must be attempted on very meager information. However, since the place of employment of these persons is frequently known, it was felt that the use of the services of the medical or personnel departments of industrial concerns would be helpful, if it could be obtained.

To develop this program, personal visits were made by a department physician to factories in Detroit. The names of plants to be visited were compiled as cases arose in which a conference seemed warranted. It was considered preferable to see the full-time plant physician. If a factory did not have a physician, the personnel manager or owner of the plant was contacted. In cases where one physician took care of several small plants, the physician rather than the personnel man was contacted. The insurance or compensation physician was never approached.

Each company official was approached with a frank discussion of the problem. It was gratifying to learn of each one's interest in the welfare of the worker, since a request from the company official carries more weight with the worker than a similar request from the Health Department. Every official has been impressed favorably with the program, and this cooperation has not only been offered, but has been proved by their prompt and effective action. The development of this program has proved to be of definite and important service, not only in locating persons but also in the mutual educational value of this cooperative work.

Industrial plants, both large and small, have learned the policies of the Social Hygiene Division, and the diversified services offered,

including all types of laboratory work for venereal disease and case consultation. However, the problem is quite different in large and small factories, primarily because in large factories hiring of employees is governed by recommendations from the medical department, while in smaller factories it depends to a large extent upon the judgment of the personnel manager or the plant owner.

The large factories showed a considerable variation in their medical policies. All of them conducted pre-employment physical examinations, but all did not take routine Kahn tests of employees, and only a few had periodic reexaminations. The majority did not. Some took routine Kahn tests in certain work departments and not in others. A few large factories would not employ any person with a positive blood test, disregarding the fact that his condition may not be infectious and the fact that since periodic reexaminations are not done, there may be infectious cases in the plant a week after a negative employment examination.

In many cases there was a tendency on the part of the medical officials to demand that the patient bring in a certificate of employability from the Social Hygiene Clinic, rather than from a private physician. This practice was never encouraged by the clinic. Many factories required a periodic statement from the physician of an infected employee, certifying that he was under continuous treatment.

It is believed that the visits to the factories have helped to standardize the attitudes and occasionally even the policies of these factories. Medical policies are not easily changed in industrial plants, since the medical men rarely have a free hand in deciding factory policies. Although the plant physicians agree with the need for periodic examinations and routine Kahn tests on all employees, they cannot always promote these policies, partly because the additional expense may not be sanctioned by the factory directors, and partly because of the attitude of the labor unions who fear that this type of medical activity provides an excuse for discharging union men who are disliked by the company.

In the small factory without a regular plant physician, either a private physician is hired for part-time work, or the insurance company physician is used. The lay officials have been eager to know about syphilis and its relation to employability. Their knowledge of the problem has been surprisingly accurate. During the past year, two small plants with an average payroll of 30 paid for a complete physical examination and Kahn test of their men. These small plants are the most cooperative. Since they know all their employees personally, their actions are usually quick and effective.

This new understanding with the companies has resulted in several changes in their policies. More men who are serologically positive but non-infectious are being employed, provided they continue their treatments. Statements from private physicians are being accepted by more plants since the work of the Health Department with the private physician was explained. The factories are placing more

emphasis on compelling delinquents to resume regular treatments. Plants having their own laboratory facilities are willing to examine their own employees when the latter are named as contacts to known cases, and also are reporting their findings to the Social Hygiene Clinic. Several factories not having their own laboratory facilities are sending their men to the Social Hygiene Clinic for darkfield and spinal fluid examinations.

At the present time, 51 different establishments employing about 450,000 persons are cooperating with the Health Department in this program. Very few of these factories had previous knowledge of the services offered by the Health Department.

This program has been a definite aid in locating delinquents and contacts and has lightened the load of the Social Hygiene Clinic by placing many delinquents under treatment with private physicians, as well as the examination of contacts by plant physicians. In addition, definite emphasis has been given to the control of venereal disease in Detroit industry.

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The Department of Public Health of the state of Vermont has undertaken a program for health education among the state's industrial workers through the organization of *Yours for Health* committees in plants throughout the state. Mr. John H. Slocum, Director of the *Yours for Health* program, writes:

"The program has two main objectives—(1) to promote healthy working conditions in a plant through elimination of hazards and unhealthy conditions, and (2) to improve workers' health in the plant and at home.

"Under the first point, we try by actively enlisting the workers in the *Yours for Health* plan to make them feel a sense of responsibility in helping to maintain general good housekeeping in the plant. We also make it understood that workers may make suggestions to the management pertaining to health conditions. The management is encouraged to call upon our doctor, engineer and nurse for any service they can render. In some plants we have formed workers' committees which serve to represent employee opinion and which interest other men in the plant in the program.

"Under the second point, we send health educational material to the homes of the workers, feeling that more attention will be paid to literature sent through the mail."

An application form is signed by each worker who wishes to participate in the program and he receives a membership letter and a button. . . . Of Vermont's 360,000 population, ordinarily about 50,000 are industrial workers. That number is now increased by some 10,000 additional war workers in various defense industries.



# INDUSTRIAL PROVISIONS FOR SYPHILIS CONTROL

## A REPORT OF A STUDY MADE BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EILEEN McGRATH  
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Preparatory to expanding its educational program for industrial workers in 1941, the American Social Hygiene Association made a questionnaire \* study of what industry was actually doing about venereal disease control. This was completed with excellent results from a statistical point of view and with extremely optimistic findings from the venereal disease control angle.

More than two hundred plants scattered through 43 states answered the questionnaire. These plants represent every type of industry and altogether employ one million men. The form query was sent to "big industry"; that is, factories for the most part with at least one thousand employees, since the size of the plant is one of the two most important factors controlling industry's interest in health and medical care; the other being the nature of the work required. These two factors are necessarily of major importance, influencing as they must the cost and practicability, and the incidence and severity of employee injury and illness. Plants operating machines and processes which are distinct health and accident hazards or which require the employees to work under conditions tending to promote sickness stimulate management's interest in ways and means to counteract these harmful effects.

Selection of companies for questioning was also determined by location and type of industry so as to insure varied representation. Names were drawn from The American College of Surgeons list <sup>1</sup> of companies with approved medical services, and from those companies producing a major share of munitions, tanks and planes for the government. Big companies were selected not only because they have the facilities to answer such queries, but because venereal disease control has not yet reached below the level of the largest plants to any great extent. The findings are, therefore, confined to a

\* See copyright page for questionnaire.

<sup>1</sup> American College of Surgeons List of approved industrial medical departments totaled approximately one thousand in 1940. There were only about 1000 plants in the country employing more than a thousand workers in 1940 according to census figures. (Over 60 per cent of the country's workers are in plants employing less than five hundred.)

study of what large industrial plants are doing to control venereal disease.

### *Reasons for Study of Syphilis Control Work in Industry*

During the last five years industry has begun to think of venereal disease when examining its employees.<sup>2</sup> This interest has been accelerating at a marked rate, with more plants including tests for syphilis in their routine physical examinations this year than ever before. While twenty-nine per cent of the plants now giving serological tests stated on their questionnaire returns that they began giving them between 1926 and 1936, seventy-one per cent began including such tests in the five year period, 1937-1941. Seven other plants replied that they intend to include "tests" for syphilis in the near future, and are preparing their facilities now. This increased attention is due in part to the war effort, which makes workers' health even more essential, and which has also led to great plants springing up overnight with full-fledged medical departments putting the latest provisions into practice. Examples of this situation are the ordnance plants, erected in a few months, but nearly all providing excellent medical care including examinations for syphilis and requiring treatment when infections are found.

### *"Does Your Company Seek to Discover Syphilis?"*

The plants selected were asked an "attitude" question. "Does your company seek to discover all cases of syphilis among its employees, and does it require that they be treated as a condition of continued employment? To this 151 replied "yes" and 57 "no".

To get a picture of the general provisions for medical care in the plant we then asked, "Do you require a general physical examination of:

- a. All new applicants for employment? 195 yes—8 no.<sup>3</sup>
- b. Employees after absence? 160 yes—35 no.
- c. All employees annually or otherwise periodically? 93 yes—100 no.

From these answers it appears that this group of companies is following rigid plans for checking on the health of its employees. The relatively low count for "c" is partly due to the fact that the answers to this question were very rigidly interpreted, and while a company might give periodical examinations to several groups of its workers, unless it gave them to *all*, it was counted as a "no" answer.

Now the main question appears, for what we want to know is: whether plants with well-thought-out health and medical programs are including syphilis in their list of diseases to be controlled. "Is a

<sup>2</sup> In 1936 a study by the American College of Surgeons of absenteeism caused by illness and injury showed that the days lost per employee per year were 8.85 from non-industrial injury and illness, 1.59 from industrial injury and .01 from occupational disease.

<sup>3</sup> Many questionnaires neglected to answer some of the questions. These "no answers" account for the discrepancy between the total affirmative and negative answers and the total number of firms returning the form.

blood test for syphilis regularly included in any or all of the examinations?" To this, 115 replied "yes", and 90 "no". In other words, of those companies giving physical examinations to new employees, fifty-seven per cent decided to make examinations for syphilis. A high percentage, when we remember how recently syphilis has been widely recognized as a public health question by the civilian population.<sup>4</sup>

### *Procedure When Syphilis Is Found*

The findings reveal that few companies (eleven per cent), provide treatment themselves, the majority sending infected workers to their family doctors or to clinics. In cases where the company found it advisable to care for its own workers, nearly half do so at no expense to the employee; the rest charging from the cost of the drug up to \$1.00 a treatment.

Two questions were devoted to ascertaining what disposition was made of applicants or those already employed who were found to be syphilitic. This procedure, so important to the public as well as to labor organizations, was described in a way which demonstrated how far industry has gone in adopting a public health and practical point of view.

While not all plants answering the questionnaire actually looked for syphilis, nearly all had decided on a policy concerning infected workers. Such cases were brought to the management's attention through compensation adjustments, open lesions, accidents and so forth. Twenty-six per cent of the companies would reject infected applicants for employment, but sixty-one per cent would accept them. Many plants qualified the conditions under which infected applicants would be hired; thirty-seven per cent accepting if the worker agreed to take treatment, forty-five per cent if he were non-infectious.

With regard to those already employed, discovered infection meant their dismissal in only three per cent of the plants replying. Nine per cent had no established policy, but eighty-eight per cent retained all such workers. Again the company qualified the terms under which it would retain them. Sixty-seven per cent required those it retained to take adequate treatment, fourteen per cent retained their workers only if they were non-infectious.

A separate study of plants actually giving routine Wassermanns as part of their regular physical examinations reveals an even higher percentage maintaining a liberal attitude toward the infected worker. Seventy-two per cent of these plants, evidently considering a syphilitic worker under treatment no greater compensation risk than his uninfected fellow, accept for employment positive reactors to the serological test. Two-thirds of these plants retaining workers insist on

<sup>4</sup> In 1933 the American Social Hygiene Association sent the same venereal disease control questionnaire to eighty-five plants with highly developed medical departments. Only six replied that they were including routine tests for syphilis in any of their employee physical examinations. Comparing this fact with the high figures for the 1941 returns we get an indication as to the rate at which interest in syphilis as an industrial problem is growing.

treatment. A number take into consideration whether the prospective employee is infectious or not, some factories requiring him to begin treatment before he starts the job so the chemical quarantine will be set up. Twenty-seven per cent reject infected applicants.

Of plants actually testing for syphilis, an even larger number, ninety-six per cent, retain workers already on the job if it is discovered that they have contracted syphilis. Again approximately two-thirds of the companies examining for syphilis insist that the infected employees take treatment. Only two per cent of these companies discharge their workers for syphilis.

Various methods are used to make sure that workers continue treatment for the necessary period. Some companies require a statement from the attending doctor every so often, others have the nurse check up. In some cases the employee is required to sign a statement that he will follow his physician's directions. The purpose of these measures in large part is to see that the worker understands that job-holding is contingent on taking adequate treatment.

A surprisingly small number of companies stated that care for syphilis was included in the medical benefits of their health insurance plan. Over half replied in the negative. Two have coverage for syphilis, but restricted to hospital care. Twenty-six per cent replied in the affirmative, and a large number of the companies did not answer; presumably either because they had no health insurance whatsoever, or the question had never come to a decision.

### *Instruction Concerning Syphilis*

Since the American Social Hygiene Association considers accurate public information one of the most important weapons in the fight against syphilis, a question was included to discover what educational work was being done on venereal disease by industry, "Do you seek to instruct your employees about syphilis as a health and social menace? If so, how is this accomplished?" Nearly half, forty-seven per cent, replied in the affirmative. When explaining how this educational work was done, half of these plants specified distribution of literature and posters, nearly a fourth stated that they were accustomed to discussing syphilis either in groups or personal talks, a few showed moving pictures, an equal number brought up the question in first aid classes, and one plant offered free Wassermann tests as an educational measure. Unfortunately, thirteen per cent of those carrying out an educational program did so only for the benefit of workers already infected. This procedure, of course, neglects to protect the healthy worker and advise him to seek treatment at once if he should contract an infection.

As a final request, the company was asked to state whether it regarded any of the suggested steps as not feasible. Eighty-four per cent did not answer. Of those that did reply, nearly half said they lacked the necessary facilities, approximately a third felt syphilis was a community rather than an industrial problem, with a number of these objecting to the blood test as regimentation. Four companies

had met opposition from organized labor, and four found venereal disease control unnecessary in their plant.

### *Summary and Conclusions*

Analysis of the replies reveals well over half of this representative groups of large plants including tests for syphilis in employee physical examinations. That industry finds this policy worthwhile is evidenced by the accelerating rate at which more companies each year are employing this test to protect both employer and employee.

Two-thirds of those including serologic tests maintain the realistic policy of accepting infected applicants for employment if they are not infectious and will take treatment. This policy with its important implications for morale is even more liberally interpreted for workers already on the job. Three-fourths of the plants retain these employees, with the usual provision that they cannot work while infectious and must take adequate treatment. Since the first few treatments render a man non-infectious, and safe for ordinary contacts as long as he follows his physician's orders, these lay-offs work little hardship.

Such provisions for the disposition of infected workers are important not only to maintain employee confidence, but from a public health point of view represent a real contribution. For, instead of driving cases under cover or creating an army of unemployed syphilitics, such measures aid case-holding by assuring that employees will not be discriminated against as long as they take adequate treatment.

With approximately half the plants which replied to the questionnaire carrying on some form of educational work about syphilis, we can reach the very hopeful conclusion that, according to this sampling survey, the majority of large plants now engaged on defense production are including in their medical program provisions for finding syphilis and informing their workers about its danger, treatment and cure.

We can also feel optimistic when we continually find new plants improving their medical care to include serological tests, and to accept, retain, and require treatment for infected workers. With industry playing its part, we can feel that syphilis control for that large and important sector of the population, the workers, is well under way.

### *Questionnaire On Syphilis Control*

1. Does your company seek to discover all cases of syphilis among its employees, and does it require that they be treated as a condition of continued employment?

2. Do you require a general physical examination of:

(a) All new applicants for employment?

(b) Employees after absence?

(c) All employees annually or otherwise periodically?

3. Is a blood test for syphilis regularly included in any or all of these?

4. If treatment is required of all employees who are infected, does the company provide treatment or are patients referred to other sources for medical care?

5. If the company provides treatment, on what cost basis is it given?

6. Are applicants who are found to be infected with syphilis rejected, or accepted when not infectious and able to do adequate work?

7. Are employees who are found to be syphilitic discharged or retained?

8. Is medical care for syphilis included in the medical benefits of the health insurance plan in use?

9. Do you seek to instruct your employees about syphilis as a health and social menace? If so, how is this accomplished?

10. In case you regard any of the suggested steps as not feasible in your service, please state why.

11. If you now give serological tests for syphilis what year did you begin doing so?

12. How many workers does your plant employ?

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"The Division of Industrial Hygiene has shown that 1,400,000 of the Nation's 50,000,000 gainful workers lose time each year through temporary disabilities of nonoccupational origin, the average industrial worker losing 10 days annually. Nonoccupational causes of disease and injury are responsible for ten times as great a loss in time as the occupational causes. The cost of nonoccupational sickness in industry has been estimated by other investigators as ten billion dollars a year. Due to the strictly personal nature of the venereal diseases, it has not been possible to determine the time and money lost in industry because of syphilis and gonorrhea.

We have an indication, however, of the effect of syphilis upon a man's ability to work. In 1934 a resurvey was made of 1,300 of the plantation laborers who had received treatment for syphilis during the 1930-1932 Rosenwald demonstration control program in six Southern States. It was found that those in poor health had dropped from 39 per cent before the demonstration to 4 per cent two years afterwards. Moreover, 40 per cent had been unable to do a full day's work before, whereas, only 7 per cent indicated their inability to do so after the demonstration. It was most striking that this gain in working ability occurred despite the failure of most of these individuals to receive adequate treatment by present-day standards.

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## SYPHILIS REPORTING AND WASSERMANN FINDINGS BY STATES

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In a graduate seminar conducted by Professor C.-E. A. Winslow, University of California Rosenberg Lecturer in the Public Social Services for the Fall Session of 1941, the annual rate for syphilis and gonorrhea by states, July 1, 1939–June 30, 1940<sup>1</sup> was studied with relation to other pertinent factors; but it was recognized that variations in accuracy of reporting might make such comparisons of doubtful validity. When data regarding the prevalence of syphilis among the first million selectees and volunteer service men, as revealed by the Wassermann test, April–November 1941<sup>2</sup> became available, Dr. Winslow suggested that a comparison of the two sets of figures might prove of significance. (See *Table I.*)

In order to obtain a reported syphilis case rate per thousand for the states under consideration, the population bases used by the United States Public Health Service in estimating the combined syphilis and gonorrhea rate per thousand inhabitants by states for 1939–1940 were then computed and compared with the rate of positive Wassermann tests in the draft examination of 1941. (See *Table I.*)

Coordinate plotting of the reported case incidence of syphilis for the whole population against the Wassermann results for young men of draft age by states (*Figure 1*) revealed a surprising and encouraging degree of correlation. When Yule's association coefficient was computed on the basis of a fourfold analysis using the mean as the point of dichotomy, the association proved to be  $+0.98 \pm .02$ .

<sup>1</sup> Federal Security Agency, U.S.P.H.S. *Annual Report of the Surgeon-General for the Year 1940*, Washington, Government Printing Office, 1941. p. 146, *Table I.*

<sup>2</sup> Vonderlehr, R. A. and L. J. Usilton. *Syphilis Among Selectees and Volunteers*. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 117:16, October 18, 1941. p. 1350, *Table I.*

TABLE I

Annual Rate of Syphilis Per 1,000 Inhabitants, by States, July 1, 1939-June 30, 1940; and Prevalence of Syphilis as Revealed by the Wassermann Test Among the First Million Volunteers and Selectees by States,<sup>1</sup> April-November, 1941

State	Estimated Population	Syphilis		Wassermann Tests	
		Cases Reported	Rate Per 1,000 Esti- mated Population	Number of Tests	Number of Positives Per 1,000 Tests Performed
Alabama . . . . .	2,927,709	17,218	5.88	17,613	1,579
Arizona . . . . .	418,052	2,150	5.14	2,927	223
Arkansas . . . . .	2,076,572	10,910	5.25	13,148	1,360
California . . . . .	6,252,300	23,131	3.70	84,479	2,281
Colorado . . . . .	1,076,892	1,813	1.68	8,093	156
Connecticut . . . . .	1,751,323	2,050	1.17	24,659	282
Delaware . . . . .	262,895	2,244	8.54	2,641	141
Florida . . . . .	1,699,470	23,677	13.93	17,900	3,044
Georgia . . . . .	3,113,524	23,202	7.45	21,570	2,866
Illinois . . . . .	7,909,960	24,533	3.10	21,262 <sup>2</sup>	482
Indiana . . . . .	3,488,538	7,363	2.11	28,433	974
Iowa . . . . .	2,567,213	3,015	1.17	16,204	213
Kansas . . . . .	1,867,273	2,851	1.53	14,311	388
Louisiana . . . . .	2,141,752	7,290	3.40	24,344	3,080
Maine . . . . .	862,626	420	0.49	6,621	178
Maryland . . . . .	1,684,933	10,511	6.24	13,461	1,358
Massachusetts . . . . .	4,436,744	5,150	1.16	17,542 <sup>2</sup>	124
Michigan . . . . .	4,878,108	11,183	2.29	58,885	1,122
Minnesota . . . . .	2,666,667	2,847	1.07	29,232	240
Mississippi . . . . .	2,039,965	41,499	20.34	22,059	3,175
Missouri . . . . .	4,019,741	9,816	2.44	17,305 <sup>2</sup>	635
Montana . . . . .	545,860	531	0.97	5,766	85
Nebraska . . . . .	1,367,592	802	0.59	14,594	145
Nevada . . . . .	102,037	312	3.06	1,246	26
New Hampshire . . . . .	510,938	229	0.45	2,249	13



TABLE I—Continued

State	Estimated Population	Syphilis		Wassermann Tests		
		Cases Reported	Rate Per 1,000 Esti- mated Population	Number of Tests	Number of Positives	Rate of Positive Tests Per 1,000 Tests Performed
New Jersey . . . . .	4,355,962	11,086	2.55	52,121	1,167	22.4
New Mexico . . . . .	422,701	1,642	3.88	7,261	381	52.5
New York . . . . .	13,003,455	44,820	3.45	135,880	2,792	20.5
North Carolina . . . . .	3,531,475	25,872	7.33	4,796 <sup>a</sup>	429	89.4
North Dakota . . . . .	712,381	337	0.47	4,952	35	7.1
Ohio . . . . .	6,756,504	13,029	1.93	94,495	2,588	27.4
Oklahoma . . . . .	2,569,646	9,151	3.56	25,409	1,363	53.6
Pennsylvania . . . . .	10,218,589	14,421	1.41	58,982	1,470	24.9
Rhode Island . . . . .	681,124	1,157	1.70	8,772	104	11.9
South Carolina . . . . .	1,891,366	19,440	10.28	12,503	1,951	156.0
South Dakota . . . . .	692,308	701	1.01	3,933	42	10.7
Tennessee . . . . .	2,925,308	14,444	4.94	27,306	2,448	89.7
Texas . . . . .	6,233,707	34,812	5.58	50,016	4,527	90.5
Utah . . . . .	523,077	654	1.25	4,135	30	7.3
Virginia . . . . .	2,743,181	19,449	7.09	22,082	1,940	87.9
Washington . . . . .	1,676,176	2,480	1.48	953 <sup>a</sup>	22	23.1
West Virginia . . . . .	1,903,905	6,391	3.36	15,675	825	52.6
Wisconsin . . . . .	2,937,682	1,086	0.38	24,066	151	6.3
Wyoming . . . . .	236,607	364	1.54	1,489	23	15.4
Total . . . . .	124,684,230	456,083	3.66	1,041,370	46,458	44.6

<sup>a</sup>Data for Idaho, Kentucky, Oregon and Vermont not available.

<sup>b</sup>Returns incomplete.  
 SOURCES: Federal Security Agency, United States Public Health Service, *Annual Report of Surgeon General, 1940*, Washington, Government Printing Office, 1941. p. 146, Table I.  
 Vonderlehr, R. A., Usilton, L. J., *Syphilis Among Selectees and Volunteers*, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 117:16, October 18, 1941. p. 1350, Table I.

From observation of the simple coordinate plotting of the rates alone (*Figure 1*), it is demonstrated that the relationship between the number of cases of syphilis per thousand inhabitants by states June 30, 1939–July 1, 1940 and the number of positive Wassermann tests as revealed during the examination of the first million selectees and volunteers, April–November, 1941, is direct and positive. The absolute figures cannot of course be compared, since the draft examinations obviously reveal many cases which would not be reported and since these examinations covered an age period of high syphilis incidence. The fact that laboratory tests made on a group unselected except for age and sex correspond so closely with routine reporting does, however, suggest that such reporting is relatively uniform and that it yields information as to relative prevalence in various states which is highly significant.

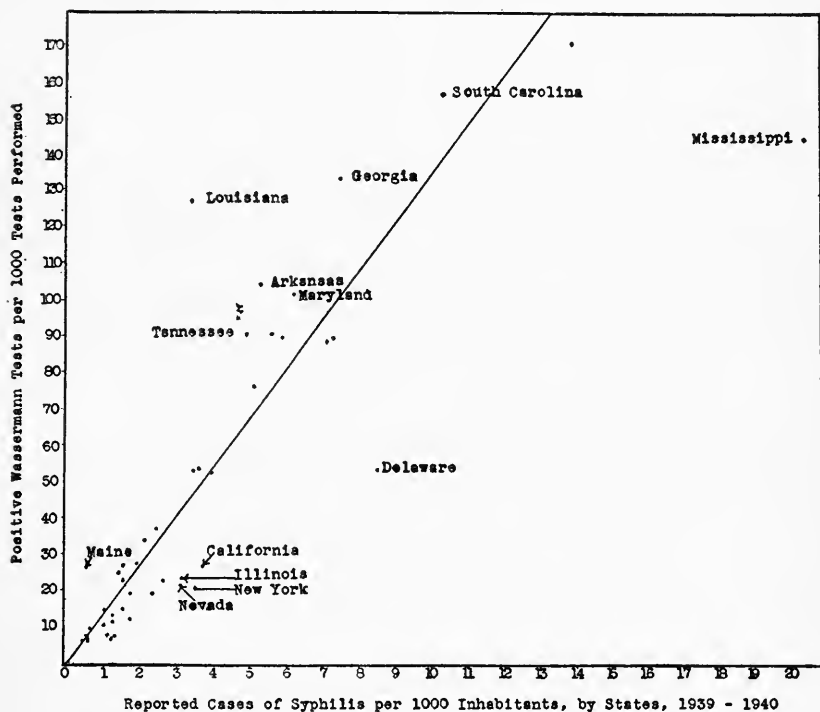
The deviations from this general correlation are also of interest. In *Figure 1* the names of those states which do not fall close to the line of correlation are specifically indicated. Six states show rates of case reporting lower than would be expected from the Wassermann results. The deviation in Maine, Maryland, South Carolina and Tennessee is slight; in Arkansas and Georgia, it is more considerable; and in Louisiana, very great. (The Louisiana reported rate is only one-third of the expected rate.)

For six other states, the reported incidence is higher than would be anticipated from the Wassermann results; in California, Illinois, Nevada and New York, the excess is slight; in Delaware and Mississippi, it is great. (The Mississippi rate is nearly double the expected figure.)

Although no offhand explanation can be offered for the deviations indicated, one important factor to be considered is the completeness and consistence in reporting in the several states. In those states where the rate of reported cases of syphilis is low compared to the Wassermann results, reporting may perhaps be poor; while in those states in which the rate of reported cases of syphilis is high, compared with the

FIGURE 1.

Coordinate Plotting of Annual Rates of Reported Cases of Syphilis (per 1000) by States, July 1, 1939 - June 30, 1940 and Rate of Positive Wassermann Tests Among Selectees and Volunteers (per 1000) by States April, 1941 - November, 1941



SOURCE: Table I.

Wassermann results, machinery for case-finding and reporting may be unusually efficient. Or, on the other hand, there may have been significant differences in the draft examination procedures in different states.

This is a point which deserves further study; on the whole, however, the draft findings provide distinct encouragement in regard to the use of case-reporting as a measure of the relative incidence of syphilis in various areas.

## EDITORIAL

### HEALTH BUILDS MANPOWER

The national labor force, according to latest official figures,\* numbers something over fifty-two million workers—close to forty per cent of the country's total population—manpower needed now as never before for production and success in arms to insure victory in the War.

If manpower is to function most effectively, body and brain must be steady and strong and capable of maximum endurance. How much is efficiency cut down by failure in these respects? How much of delay in production and all that depends on production is due to health shortage? And how much of health shortage among workers is due to the "undercover diseases" syphilis and gonorrhea?

Neither manpower nor those who hire manpower can answer these questions fully yet. More accurate and encouraging answers are constantly being worked out through the painstaking efforts of medical, public health and social welfare experts such as those who contribute to this number of the JOURNAL, with the cooperation, as shown also in this issue, of many employers and the workers themselves. More plants are including examinations for syphilis and gonorrhea in pre-employment and routine health check-ups. More employers are coming to understand that employees having either of these diseases may still be valuable workers, providing they are not physically incapacitated or in an infectious state, and remain under treatment; that the thing to do with infected applicants for jobs is to help them get under medical care, then hire them, rather than turn them back into the community unemployed and perhaps a danger to themselves and to others.

But we are still a long way from seeing these beneficial practices universally observed in the fields of industry, or

\* Fifty-two million six hundred thousand in February, according to *Victory*, the weekly Bulletin of the Office of Emergency Management. About one million are women workers.

from demonstrating fully what it would mean in terms of manpower and womanpower if they were observed. Medical officers in Army and Navy, where comprehensive and effective programs for prevention and control of venereal diseases are in regular and long-continued practice, still report more time lost among soldiers and sailors from these diseases than from any other cause. State health departments found that 45,000—four and a half per cent—of the first million draft selectees for the new army had syphilis, and from this the United States Public Health Service concludes that one person out of every 42 in the general population now has this disease. An unknown number suffer from gonorrhea, though its power is rapidly being limited by use of the sulphonamide drugs.

Whatever the ratios and percentages, the facts are clear:

Industry loses time and money through syphilis and gonorrhea.

Now more than ever such losses must be prevented wherever possible.

Government, community, employer and employee, medical profession, public health officials and all concerned must cooperate in an all-out effort to find these diseases among workers, get them treated and cured without delay.

A health official recently said: "In time of peace, industrial hygiene is a tool. In time of war, we must make it a weapon."

Let "manpower through health" be the battle-cry on the industrial front, for the duration, and after.

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#### THE PROGRAM IN ACTION IN THE STATES AND COMMUNITIES

As previously announced, the April and May issues of the JOURNAL OF SOCIAL HYGIENE will be given over to an account of war-time social hygiene activities in the states and communities. This will be Number VII in the series on *Social Hygiene and National Defense*, which began in November, 1940. Planned especially for information and reference for all who are working in this field, this forthcoming double number will list social hygiene societies and other organizations, national, state and community, which are cooperating in the social hygiene program, and will give brief resumé of important recent social hygiene activities in each state. With additional useful material, the April-May numbers will be reprinted as *The Social Hygiene Year Book for 1942*. Price \$1.00 postpaid.

## INDUSTRIAL NOTES

**The West Coast**—Dr. Storey has spent the fall and early winter on field work in **California, Oregon, and Washington**. He has visited all the important highly industrialized towns and seaport areas where he has been able to bring about increased cooperation between industrial medical departments and public health authorities. He has also found great interest among leaders of defense industries, as well as among their welfare departments, in the problems of venereal disease and the best methods for meeting them.

**Middle West**—Miss McGrath recently returned from a field trip to industrial centers in **Michigan, Illinois, Indiana and Kentucky**. Her trip was particularly concerned with finding out to what extent women have been absorbed by defense industries. In some of the small towns where the government ordnance plants are located, several thousand women are working, either loading explosive powder into bags (bag loading plants), or putting the powder into shells (shell loading plants). In both cases these plants, employing a majority of women, are usually located near the powder manufacturing plant. These latter employ only men.

Only the modern car makes possible the plants' geographical location. They are purposely far from any city, and the workers live from twenty to fifty miles away, commuting by automobile. In all but one of these ordnance plants the medical examinations were excellent, including Wassermanns. All plants visited stated that they accepted persons infected with syphilis for employment and then required them to get treatment. Some of the companies which had not accepted positive reactors in their home plants found that the labor shortage made this necessary in new establishments.

In several cases company management explained that it had no facilities for doing educational work regarding venereal disease and suggested that the employees' labor union was willing to bring information to its members. On following up this idea it developed that the local unions owned a motion picture projector, a large hall, and were delighted with the idea of a health meeting. The educational committee organized the program, inviting one of the town doctors to speak, advertising the evening among its members, and distributing literature.

This experience suggests that much more might be done through cooperation with the trade unions to bring information about venereal disease to the public. As one labor leader said, when asked why he had never worked out such a scheme before in cooperation with his local health department, "I have sat in this chair five years, and no one has ever come to see me about our members' health!"

**Questionnaire Findings**—Tabulations on the questionnaire sent to industry concerning venereal disease control procedures have been completed and the results may be seen on pp. 97-102. The returns cover more than two hundred companies, with one million workers, in forty-three states, and represent nearly every industry. Inevitably it was the largest companies that were approached and that answered. The small ones, those with less than five hundred workers in which over half of our workers are employed, only rarely have medical departments. So the group to which we wrote was originally selected, as to whether or not they had an accepted medical department. Approximately one thousand companies in the United States are rated by the American College of Surgeons as having approved medical departments. Twenty-two per cent of these replied to our letter.

It was interesting to find that nearly seventy-five per cent of the companies answered the "attitude" question favorably. That question read: "Does your company seek to discover all cases of syphilis among its employees, and does it require that they be treated as a condition of continued employment?" To this 151 replied "yes" and 57 "no."

Several groups over the country have been carrying on interesting educational programs for industrial workers.

The Social Hygiene Council of **Toledo, Ohio** for several years has been engaged in an effort to bring information about venereal disease to men and women workers. In the past they have invited physicians from the Toledo Academy of Medicine to lecture to various factory and labor groups. This year they plan to approach persons in industry in charge of health and ask permission to place literature in racks and put up educational posters. The Toledo group has met with better success since it had its printing done in a union shop which affixed the union label. Previously they had been criticized by labor groups for having work done in a non-union shop. Speaking of stamps, this Social Hygiene Council has had a rubber stamp made with which to put their name and address on every piece of literature distributed. This is an excellent advertising stunt at a few cents expense.

**Portland and Salem, Oregon**—A successful program has been projected and carried out in Portland, Oregon by Mrs. George Moorehead, Director, Health Education of the County Department of Health. This department began simply with the idea of placing in the hands of as many people as possible accurate information on venereal disease, and started with the labor unions in Portland since it was felt that through these groups large numbers of people could be reached.

To quote from Mrs. Moorehead's letter:

"Labor gave us excellent support on tuberculosis legislation. We worked out with them a program for health education on tuberculosis followed by tuberculin

testing of unions in Salem. After this series we followed with motion pictures and discussion of syphilis and set up a blood testing clinic. These programs were presented at regular union meetings. I felt that this point is the key of successful meetings with unions. Cut your program to one-half hour with the understanding that if you go beyond this length, it will be because of their questions. Frankly speaking some meetings have lasted one and one-half hours to two hours but our actual part was completed within the stated one-half hour.

"After contacting the state officers of the labor unions, a demonstration program was arranged for both CIO and AFL Councils in Portland. Representatives of these Councils carried a report back to their individual unions. I made personal calls on the business agents of the various unions. A letter of confirmation was sent following these calls.

"I made the introduction to the program from the viewpoint of syphilis as a social problem and quoted costs from a tax viewpoint, number of individuals in mental hospitals, number of cases reported in City and State and the need for accurate scientific information in the hands of the public. Dr. Adolph Weinzirl, former health officer of Portland, felt that in having a woman open the meeting the highest level would be set for the following discussion. After my introduction, the film *'With These Weapons'* was shown and then Dr Weinzirl spoke very briefly pointing up what I had said and what had been portrayed in the film. Then he opened the meeting for discussion and questions."

**Missouri Social Hygiene Association**—This St. Louis society, whose Executive Secretary is Dr. Harriet S. Cory, has launched an extensive educational program to reduce venereal disease among St. Louis industrial workers, particularly in defense industries. Dr. Cory says:

"A letter, a copy of which I am enclosing was sent to 700 executives. A radio program followed in which Dr. Rogers Deakin, Special Consultant, U. S. Public Health Service, and I discussed the question. Since then, I have personally talked to the executive, personnel officer or plant physician (in many cases all three) of over 80 firms. In spite of the stress of business at this time, difficulties due to war work in heavy goods industries, labor turn-over in auto factories and labor trouble in defense plants, we are receiving a remarkable cooperation. Fully two-thirds of the firms reached are doing one of three things: (1) using the literature we have recommended for venereal disease education; (2) already have a blood test as a part of their examination; (3) have expressed a desire for a conference or a speaker or further information about our program.

"In the course of conversation and conferences, we are making a much needed survey of what St. Louis industry is doing for the health of its employees. No data were available when we started our program.

"We have had what I think is the beginning of real cooperation of 'Labor.' The organization of local AFL unions, called the Central Trades and Labor Union, has endorsed the program. Its official organ, the *St. Louis Union Labor Advocate*, printed an article in its September issue and its editor has promised to work 'physically and editorially for the program.' The CIO Regional Director and the secretary of the St. Louis Industrial Union Council (organization of local CIO unions) have endorsed it and we feel sure we will have the Council's endorsement before long.

"We are now working with the Health Departments of both St. Louis City and St. Louis County and committees of both the St. Louis City and St. Louis County Medical Societies on a workable plan to present to industry for the making of a blood test at a reasonable price."



## YOUTH NOTES

*Prepared by the Youth Service, American Social Hygiene Association*

**A Story of Real Accomplishment** is the decline of syphilis in the student body at Fisk University and Meharry Medical College of Nashville, Tennessee. In 1934 a unified Health Service was begun. Physical and medical examinations are conducted at the open-

ing of the school year. Serological tests are done annually on all students. Positive Wassermanns are rechecked and every student with a positive test is adequately treated before being discharged. The following chart shows the impressive and encouraging results.

<i>Year</i>	<i>Total No. Blood Tests</i>	<i>Total No. Positive</i>	<i>Per Cent Positive</i>
1934-35	395	16	4.0
1935-36	471	21	4.4
1936-37	580	15	2.5
1937-38	658	19	2.8
1938-39	700	22	3.1
1939-40	741	18	2.4
1940-41	702	5	.71
1941-42	695	4	.57

Deep in the Heart of Texas is still Number one on the Hit Parade. That is our reaction to the report of the National Youth Administration of Texas on Social Hygiene Day activities in that state. A summary of the report will give you an opportunity to judge for yourselves, and we feel confident that your applause will join ours.

400 discussions with physicians, ministers, mayors, school superintendents, nurses, judges, social workers, etc.

96 talks given

14 National Social Hygiene Day Proclamations signed by Mayors

36 newspapers gave space for announcements or news

9 films shown

10 special programs such as plays, skits, etc.

4,062 NYA youths reached directly

10,810 (estimated) people other than NYA reached.

We understand that Miss Lila Rutherford, Director of Health Education, State Board of Vocational Education, Austin, Texas, is largely responsible for this fine record. To her and all of her assistants we send our congratulations.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Assistant Director in Charge of Publicity, American Social Hygiene Association*

### A SOCIAL HYGIENE DAY PUBLICITY REPORT—

"There could hardly be a more spectacular demonstration of the fact that there are not two wars than that afforded by the facts about venereal disease and the present campaign against it. There is not one war on the fighting front and one war on the home front—which the reactionaries keep saying we can no longer afford to wage. The social welfare of the community at home is seen directly to bear on our success with arms abroad. Had reactionary influences in the Government prevailed and the social services, which have planned and inaugurated a successful campaign against syphilis and gonorr-

rhea, been cut off from public support, more damage would have been done to our armed forces than a hundred Pearl Harbors."

With these challenging words and the headline, SYPHILIS AND GONORRHEA, AXIS PARTNERS, FACE ALL-OUT FIGHT, Ralph Ingersoll editorially launched the special Social Hygiene Day edition of *PM* (February 4, 1942) which gave over eight full pages to a summary and discussion of the war on venereal diseases. Albert Deutsch and Tom O'Connor wrote the lead article. All of us engaged in carrying forward the fight against venereal disease should have a copy of the February 4 *PM*—it is a good bit of interpretive reporting. If you can't get a copy at home write to the Association. We'll be glad to send you one.

Over the country other newspapers took up the Social Hygiene Day news. Six regional conferences poured out news copy as leaders in the venereal disease fight met to plan the attack for Victory on the home front. In October, Howard W. Blakeslee, *Associated Press*, science editor, blasted the opinion that segregation and routine inspection is the solution to the prostitution problem. In January an *Associated Press Feature*, headed *The Army Must Be Fit to Fight*, carried this note of Sixth National Social Hygiene Day to all defense communities: "Cooperating with military and civilian authorities is the American Social Hygiene Association, which is promoting the Sixth National Social Hygiene Day on February 4. No community can afford to pass up this chance to help eliminate the most insidious saboteur of all—venereal disease." In New York, Cincinnati, Oklahoma City, Jacksonville, Boston, and Portland, regional conference publicity directors worked with newspapers and radio stations to make one of the best Social Hygiene Day publicity programs in several years. More feature stories and editorials were placed than in other years. Picture stories were especially plentiful. Cartoons and photo stories in the rotogravure sections of newspapers were used. C. D. Batchelor, Pulitzer prize winner and cartoonist of the *New York Daily News* did two cartoons. More radio time was devoted to social hygiene news material. Radio plays and talks were abundant. The *United Press Radio Wire*, servicing 550 stations nationally, carried a full news announcement about Social Hygiene Day. In the New England area the *Associated*

*Press Wire Service* did a special New England story. Cal Tinney, talking over Mutual Network in a two and a half minute news summary of regional conference programs and the Esso Reporter over *National Broadcasting Company's* network, did splendid jobs of reporting the Social Hygiene Day programs.

Association mat features covered the small dailies and weeklies across the country. A mat feature of a scene from the shooting of the new film *Health Is a Victory* was given large circulation. Batchelor's industrial cartoon was distributed to over 500 newspapers. Again the Association pressbook proved its worth. In many states stories were lifted from the pressbook and syndicated over state services. The Missouri column, *Building A Better State*, and Texas and South Dakota news columns are outstanding examples. Twenty-one governors responded to the national publicity with proclamations and press statements endorsing the campaign.

The Metropolitan Life Insurance Company is the leader in Social Hygiene Day advertising. Their February ad, *Syphilis*, with an impressive quote from Surgeon General Parran, reached a combined circulation of 26,716,557 through 13 popular magazines of large general circulation. The Metropolitan's new gonorrhea pamphlet is also a popular number with social hygiene groups.

#### Pharmacy Brings Venereal Disease Information to the People

Pharmacists came into the picture as promoters of Social Hygiene Day with window displays, posters, and literature. The Ohio Valley Druggists Association arranged a series of broadcasts. The Onondaga Health Association in Syracuse, in cooperation with local pharmaceutical groups, had displays in many drug stores. Leaving Social Hygiene Day we can look proudly upon the pharmacist who is doing such an excellent job in venereal disease education. The special leaflet, a *Tip from Your Pharmacist*, prepared by the Joint Committee of the American Pharmaceutical Association—American Social Hygiene Association, is being distributed to drug stores by State Pharmaceutical Associations throughout the country. Over 100,000 copies have gone out.

### On the Industrial Front

The January issue of *National Safety News* contains an article on *Syphilis in Industry*. *The Machinists' Monthly Journal*, the *Southwestern Railway Journal*, the *Brotherhood of Locomotive Firemen and Enginemen's Magazine*, *Factory*, *Anthrax News*, and *Organized Labor* are but a few of the many labor and industrial publications which have devoted space to the fight against syphilis among industrial workers.

### Jottings

David Piper of the Oregon State Department of Health volunteers the headline, *Syphilis is the Pal of War*. . . . From the *Monticello Evening News*. . . . "Among Ripley's More Fearsome Believe It or Nots, it should be recorded that four million men and women in the United States suffer from a devastating disease which can be pre-

vented and cured more simply and surely than any other serious malady. This curable and preventable disease is syphilis." . . . *Prostitution and the War*, the Public Affairs Pamphlet by Philip S. Broughton is a best seller with 60,000 copies already sold, necessitating a second printing. . . . In Albany recently with Mr. Thomas Stowell, play and radio master of the N. Y. State Department of Health, the writer witnessed the recording of a new *Health Hunters Radio Play*. With humor, character, and timeliness *The Health Hunters* series is now in its ninth year, on the air continuously week by week over a group of New York State stations. . . . The *Fitness for Freedom* issue of *Survey Graphic* contains twenty articles on *Health in Wartime*. *No War Boom in Venereal Disease* is Dr. William F. Snow's contribution—an urgent message from a vital sector of the fight for fitness.

## BOOK REVIEW

PROSTITUTION AND THE WAR. By Philip Broughton. New York, Public Affairs Committee, 30 Rockefeller Plaza, 1941. 10 cents.

Few pamphlet publications have attracted so much attention. According to recent reports, state departments of health, church organizations, and other health, educational and welfare agencies have requested nearly 200,000 copies of *Prostitution and the War* since its publication three months ago. Numerous reviews appearing in newspapers and magazines have helped to stimulate interest in what Mr. Broughton has to say. *The American City* gave an entire page to quotation from the pamphlet and reproduction of the chart showing public agencies working to control the venereal diseases. *Woman* published a condensed version. Other comments included the following:

"A pamphlet which will be useful to every minister or social worker interested in the problems of prostitution or venereal disease, especially in communities near training camps and defense industries."—*Federal Council Bulletin*

" . . . a hard-headed approach to a menace which cost the American army 7,000,000 man-days of service in World War I . . ."—*Minneapolis Daily Times*

"The biggest problem now before the country is to bring the attitude of local communities into line with this demonstrably sound national policy. Behind the widespread toleration of vice of which the surgeon-general spoke there is a great deal of plain ignorance. That ignorance can be dispelled through pamphlets like the new publication, 'Prostitution and the War' . . ."—*Christian Century*

"a straight-forward hard-hitting pamphlet . . . demonstrates once again that sound ethical opposition to vice has yet to be found in opposition to the findings of medical or social science."—*New Haven Journal-Courier*

Social hygiene societies and members are urged to make full use of this concise and sound discussion of the prostitution problem today.

JEAN B. PINNEY

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Chicago, October 4, 1941. *An evaluation of the massive dose therapy of early syphilis.* By D. C. Elliott, M.D. and others. p. 1160.
- Chicago, October 4, 1941. *Massive dose arsenotherapy of early syphilis by intravenous drip method: recapitulation of the data (1933-41).* By William Leifer, M.D., Louis Chargin, M.D. and H. T. Hyman, M.D. p. 1154.
- Chicago, October 4, 1941. *Serodiagnostic tests for syphilis in state laboratories: the 1941 evaluation of their performance.* By Thomas Parran, M.D. and others. p. 1167.
- MEDICAL WOMAN'S JOURNAL. Cincinnati. September, 1941. *Action: A plan for community organization in health education.* By Mary Steichen, M.D. p. 279.
- MODERN HOSPITAL. Chicago, June, 1941. *How to organize and manage a venereal disease clinic.* By M. H. Levine, M.D. p. 69.
- NATION. New York. August 23, 1941. *Disease and punishment.* The campaign against prostitutes around army camps. By Jonathan Daniels. p. 162.
- NATIONAL HEALTH REVIEW. Ottawa, July, 1941. *Health for all.* By Julian Huxley. p. 171.
- NEW YORK STATE JOURNAL OF MEDICINE. New York, June 1, 1941. *Symposium on medical problems in national defense.* By C. M. Walson, M.D.; A. E. Russell, M.D.; V. A. Van Volkenburgh, M.D., D.P.H.; and J. D. Naples, M.D. p. 1147.
- NEWS BULLETIN. Public Administration Clearing House, Chicago, October 6-8, 1941. *Results of premarital examination laws and prenatal examination laws.* Council of state governments.
- NEWSLETTER OF NEW JERSEY ASSOCIATION FOR HEALTH AND PHYSICAL EDUCATION. December, 1940. *Social hygiene in relation to education.* An outline. By Mabel Grier Leshner, M.D. p. 20.
- December, 1940. *Social hygiene in relation to recreation.* An outline. By H. F. Kilander. p. 23.
- NORTHWEST MEDICINE. Seattle, Wash., June, 1941. *Treatment of gonorrhea in the male with sulfathiazole.* By J. G. Strohm, M.D. and others. p. 202.
- Seattle, September, 1941. *False positive serologic tests for syphilis in children.* By M. L. Bridgeman, M.D. and L. D. Jacobson, M.D. p. 325.
- ORGANIZED LABOR. San Francisco, Calif. September 1, 1941. *To be read by men only.* An editorial.
- PUBLIC HEALTH NURSING. New York, June, 1941. *Syphilis in industry.* By A. E. Russell, M.D. p. 364.
- PENNSYLVANIA'S HEALTH. State Dept. of Health, Harrisburg, June, 1941. *Education faces the sex problem. Sex education in college.* By Henry Pleasants, Jr., M.D. p. 602.
- State Dept. of Health, Harrisburg, June, 1941. *Syphilis in industry as a defense measure.* By A. E. Russell, M.D.
- State Dept. of Health, Harrisburg, June, 1941. *Venereal disease among domestic employees: its detection and what to do about it.* By N. R. Ingraham, Jr., M.D. p. 15.
- State Dept. of Health, Harrisburg, July, 1941. *Congenital syphilis.* By N. R. Ingraham, Jr., M.D. p. 3.
- QUARTERLY BULLETIN. N. Y. C. Dept. of Health, New York, May, 1941. *Syphilis in men 21 to 35 years of age.* Statistics for 99,005 selectees in New York City. p. 25.
- READER'S DIGEST. Pleasantville, N. Y. November, 1941. *A sabbatical year for marriage.* By Samuel Hopkins Adams. (Condensed from Harpers')

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No. 3

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# Journal of Social Hygiene

Twenty-ninth Anniversary Number

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Seventh National Social Hygiene Day  
February 3, 1943

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WILLIAM FREEMAN SNOW AWARD  
FOR DISTINGUISHED SERVICE TO HUMANITY



*Presented to*  
FREDERICK FULLER RUSSELL, M.D., Sc.D.  
BRIGADIER GENERAL, UNITED STATES ARMY  
1942

*(See pages 135-144)*



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THE WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY was established in 1937 by a group of Dr. Snow's friends, signaling the rounding out of the first forty years of his service in social hygiene and public health. At that time a bronze portrait plaque was presented to Dr. Snow and a Committee on Award appointed, with the suggestion that from time to time medal replicas of the plaque might be struck off and presented in recognition of outstanding service in the field of social hygiene.

Previous recipients of the medal have been, in 1938, DR. ELWARD L. KEYES, who is Chairman of the 1942 Committee on Award; SURGEON GENERAL THOMAS PARRAN of the United States Public Health Service in 1939; GENERAL JOHN J. PERSHING, in 1940; and MRS. SYBIL NEVILLE-ROLFE, Secretary-General of The British Social Hygiene Council, in 1941.

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# Journal of Social Hygiene

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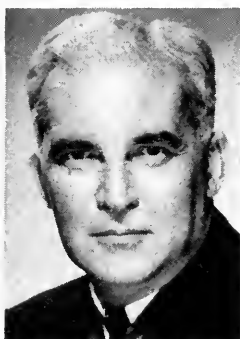
NO. 3

## Twenty-ninth Anniversary Number

### THE FEDERAL FIGHT AGAINST VENEREAL DISEASE \*

PAUL V. McNUTT

*Federal Security Administrator, Director Defense Health and Welfare Services*



GOVERNOR McNUTT

There is no need for me today to talk to you of the medical strategy of the attack on venereal disease. Your learned chairman, Dr. Hazen, and other officers and members of the District Society at this table, could tell you far more than I about that aspect of venereal disease control.

There is no need for me to dwell upon the public health progress of the last five years. You have stood, shoulder to shoulder, to win that progress. Your National Association began the good fight nearly 30 years ago when the world believed that vice was inevitable and venereal disease the just (but very secret) punishment for sin. Victory is to the persistent. And this is, indeed, a crowning campaign in the career of that irrepressible warrior, Colonel William F. Snow.

\* The Address at the Luncheon Meeting, District of Columbia Social Hygiene Society's celebration of the Sixth National Social Hygiene Day, February 3rd, 1942.

These things you know. You, who have fought through the decades for venereal disease control, have reason to feel a glow of triumph at the medical, the legislative, and the popular progress of these last five years.

Let us list the things these five years have seen—things you could not have felt safe in predicting a decade ago.

The dam of taboo, which kept facts from the public, broke. When dams break, that is news. Things happen. Syphilis and gonorrhea suddenly cut a swath in the public prints, that even the old familiar, freely discussed diseases could not have hoped to cut. From a purely publicity point of view, the sudden character of that change was an extraordinary advantage.

The breaking of taboo coincided with the development of new facts. New studies of syphilis treatment gave patients new hope. The sulfonamid drugs revolutionized gonorrhea treatment. Blood tests gained new precision. And—though statisticians may haggle as statisticians always do—new estimates of the prevalence of venereal disease in the community, brought home to the American people the fundamental fact that the rates were far higher than they needed to be.

In 1941, there were 3,245 clinics in operation, as contrasted with 1,122 in 1938. In 1941, there were 8,161,491 doses of arsphenamine given, as contrasted with 2,799,110 in 1938.

There are thousands of doctors knowing today the fundamental things they need to know about syphilis who only half a dozen years ago ignored this dangerous disease wherever possible. The venereal disease divisions of the United States Public Health Service, the State health departments, and the local health departments are not the financially puny stepchildren of public health administration they were then. New staffs—but even more important, new vision and understanding as to future needs, and as to the tactics of using those staffs, have come into being.

“There is a tide in the affairs of men

Which, taken at the flood, leads on to fortune.”

Certainly, the mobilized forces of public health and social hygiene took such a tide at its flood in these last few years. You have a right to be proud of that record.

But if you read that record clearly, you have no time to point with pride. The battle is not won. You have merely created new sinews for victory.

This has not been the war you have fought. It has been that thing we called, in 1916, "preparedness," and that we called, up to December 7, 1941, "defense." This was the training period—not the war. This has been the period in which we mobilized for victory!

Think of that record! We built a program. A diagnostic program, a treatment program, a plan of public health action. We obtained public recognition of the issue. We persuaded the American people, who acted with legislation and with funds. And then, we created an organization, equipped and staffed clinics, hospitals and health departments.

We fought, yes. When the enemy is the spirochete or the gonococcus, one can practice on the enemy. One does not have to lend-lease to Britain or to Sweden, or to anybody else, in order to build up striking capacity.

But the fact remains that we have so far only skirmished.

Now comes a world-wide war. And we begin to fight.

It is too bad that it takes a war to drive home to people the vital importance of things that ought to have been done all along. We learn that recreation has a place in life. We learn that boys need job training—not merely for themselves—but for the strength of the nation. When the cry goes up for hospital facilities, we do not ask, "Can we afford it?" We know that we can not afford to let it go.

War wakes us up to the vital importance of community services. But we must not speculate on that. We must *act*.

On the social hygiene front we find ourselves far better prepared for action than did those who had this problem to deal with in 1917. Medicine and public health, and all the

resources of press, and radio, and education are mobilized as they were not, and could not have been, in 1917.

We did well then. No major army in history was freer from venereal disease than ours. Yet the American army in the First World War lost seven million days to venereal disease—338,746 officers and men, the equivalent of 23 divisions, under treatment for syphilis and gonorrhea.

Now we are in total war. We can multiply those army figures by the men in America's production lines. We know that in this conflict a day lost anywhere is a score for the enemy.

When syphilis and gonorrhea are attacked, we are attacking the ills which lost the American army in the last war more man-days than any other cause. In reducing venereal disease to a minimum among the industrial workers of America, we are contributing more man-days to American victory than we could contribute by any other means.

Now, let us get down to the rather definite business of what the Federal Government is doing to meet the special war time threat of venereal disease.

Federal authorities faced this problem in September, 1939, the same month the Germans marched into Poland. They drafted at that time an Eight-Point Joint Agreement which serves still as the basis for policy and for action. That agreement was signed by the War and Navy departments, and the Federal Security Agency. At that time, only the United States Public Health Service in our Agency was active. Since its signing, the Social Protection Section has been created and became a party to that agreement. The State and Territorial health officers endorsed it, evidencing the support of public health personnel throughout the nation. Last November, that agreement was endorsed by the Executive Board of the International Association of Chiefs of Police, a development which, I believe, is of great importance and to which I will refer a little later.

The Eight-Point Joint Agreement called for mutually supporting programs of diagnosis and treatment—military

authorities for their own personnel, health departments for the civilians. It called for a clearance of facts and figures which would lead to the discovery of cases and their prompt medical handling. It stipulated quarantine of infected persons where necessary. And for an aggressive program of public education.

None of the ordinary volunteer activities, of the Civilian Defense program, center around this work. The agreement contemplated professional collaboration. It requested only the assistance of established health and welfare agencies, and, I quote: "representatives of the American Social Hygiene Association, or affiliated social hygiene societies."

All those provisions of the Agreement may be set down as noncontroversial. Everyone is against syphilis and gonorrhea. Everyone seems to agree that sound public education, as to the hazards of venereal disease, is a good thing. The professional techniques of diagnosis and treatment, and follow-up, as recommended by the various medical services, are publicly accepted.

Point 6, of the Agreement, meets with similar general approval—but not such ready administrative acceptance. That is the point which calls for the repression of prostitution, both commercial and clandestine. The reasons for that point are clearly stated in the point, itself. It is recommended to decrease the opportunity for contact with infected persons, clearly as a measure for venereal disease control.

Prostitution still seems to benefit by partial concealment under that cloak of taboo which once prevented the honest discussion of syphilis and gonorrhea. Plausible arguments persist in its defense. Those arguments can be met only with facts—cold, clear, unemotional facts—facts as concise and persuasive as those found in *Accident Facts*, the annual publication of the National Safety Council. The factual information on prostitution which is today in the hands of not only the ordinary layman, but the teacher, the editor, and the writer, is not satisfactory.

This is no time to review the statistical data and the factual evidence upon which public policy is based. There is time

only to state what that public policy is. All the agencies which have adhered to the Eight-Point Joint Agreement are united in opposing the segregated district as a disease hazard to troops and industrial workers, alike.

Their policy is based on medical and public health evidence developed over many years.

The evidence for that position was clearly stated to the House Committee on Military Affairs, and the testimony given to that committee led to the passage of the May Act which authorizes the repression of prostitution "within a reasonable distance" of military establishments. That Act provides all the legal power necessary for the Federal Department of Justice to take over at any time the policing of areas designated as hazards by the Secretary of War or the Secretary of the Navy.

Army and Navy figures show that a large percentage of the men infected received their infections at considerable distance from the camp. In this mechanized age, 100, or 200, or 500 miles is not the distance that it was in 1917 and 1918. It is assumed that the phrase, "within a reasonable distance," would cover any community which military records clearly showed was a venereal disease hazard to troops. "A reasonable distance" is to be measured by the fact of infection.

This is a serious and a very fundamental statement of policy. Short of martial law, there is hardly another field of local police power which can be forfeited to the Federal Government.

Those facts emphasize, it seems to me, that the Federal Services, military and civilian, mean business. Congress has clearly and emphatically written a law which it intends shall be effective. Congress, moreover, passed such a law in 1917, and it was then invoked about a dozen times.

Nevertheless, these things should be clear. "Taking over" local policing, is not a pleasant business. If prohibition experience is to be a guide, it is not an undertaking which augurs much for long run, local community action.

So we have set up, in the Office of Defense Health and Welfare Services, a Section on Social Protection. It is headed by the distinguished Safety Director of Cleveland, Ohio, an official whose police work has won acclaim and wide acceptance in his profession. Last November, I invited the Association of Chiefs of Police to appoint a committee to cooperate with the Agency and with the other parties to the Joint Agreement, in considering the sound professional police relationship to this problem.

That committee was appointed. The Executive Board of the International Association of Chiefs of Police endorsed our program. They are today as much a part of this mobilization against venereal disease as the original signers—or your Association. They are now working with us to put police understanding of this problem and police techniques for handling it, on the same professional plane as our public health techniques for dealing with disease, itself.

That, I submit, represents a real and important advance.

The average police officer will not move very far in response to purely moral arguments. He wants facts. When he has the facts and a really effective grasp of the law and the police methods for dealing with the problem, you will find no more cooperative group of officials in any profession.

Morals are important. They are among the most important things in the world. But no sane police officer is going to close down the 'red-light' district in his community if he honestly believes that the result will be an increase in crime and venereal disease.

And the arguments that will convince him must be related to the police profession, itself. I am looking forward with keen interest to the plans of the American Social Hygiene Association for professional police education. American police are on their way to a full working partnership with the medical, public health, and welfare professions now working for venereal disease control. All along the line, we are working to obtain the full cooperation of local officials. It is our purpose to keep the local problem, local.

But that does not imply an avoidance of our fundamental responsibility to stamp out venereal disease in the armed forces. It does not imply tolerance of any disease threat to defense workers of any community.

During this last month, the Secretary of War, the Secretary of the Navy, and I have acted to bring some lagging cities into line. We will use the full power of the high offices entrusted to us to make it clear to the mayors and city officials of such cities that there is a unity of policy between the Services, and that the Federal Government means business.

A continuing committee representing our three departments is continually working to strengthen detailed administration of the venereal disease control and prostitution problem. That committee is creating a closer liaison and a more adequate field service stemming out of the offices of all three Surgeons General. It calls for full use of the newly developed professional collaboration of the International Association of Chiefs of Police. And I might add, that though we all hope every town does its duty, close collaboration with the Federal Bureau of Investigation is a vital and important element in our discussions.

And, finally, I come to that part of the subject which is of special interest to me as Federal Security Administrator.

We have not done our job if we merely treat the disease and repress prostitution. One would never stamp out malaria by swatting mosquitoes. One must do an engineering job by eliminating the swamp which breeds the mosquitoes.

There are social swamps, too. Packing-box shanties, far from schools. Boys and girls that do not have a chance at sound training for jobs. Towns that think they cannot afford recreation facilities but let honky-tonks and road houses serve as a substitute. Towns that will not establish decent jails, and throw first offenders, hardened prostitutes, and habitual criminals together in the same cell. Half of the jails in America, according to the Federal Bureau of Prisons, are not fit for Federal prisoners.



None of these are rhetorical illustrations. Those are things that exist. They may not be typical, but they happened—and are happening.

Towns where such things exist, pay three ways:

They pay the cost of crime, and disease, and unproductive people.

They pay for bad public administration.

On their relief rolls, they pay for the salvage, or the support of the human derelicts their shoddy brand of community service produces.

Add to the normal social responsibilities of an ordinary town, the acute problems a defense boom brings. Thousands of new workers looking for something to do when off the job. Hundreds of petty racketeers and camp followers, trying to grab off a few dollars of workers' and soldiers' incomes. A community that has not shouldered its social responsibility in normal times, may find it has to buck up and shoulder a rather extraordinary responsibility that a military camp, or a new defense industry has tossed into its lap. Honest, professional policing, effective welfare service cannot be built in a day.

So it is that the social protection program of the Federal Security Agency does not contemplate merely clinics and the padlocking of houses of prostitution. It proposes constructive action—action which involves such things as:

(1) *A constructive liaison between the police department and the welfare agencies* which will enable the police to pick up migrant boys and girls that they find in unsafe situations and have them dealt with, not as criminals, but as human beings, each with a problem to be solved.

(2) *The establishment of detention facilities* which are not jails, but are homes for reclaiming and rehabilitating the girl who has started down the road to prostitution.

(3) *Vocational training* in recognition of the fundamental fact that prostitution is very commonly an expression of economic inability of a girl to establish herself in a job.

(4) *Supervision of the employment of young girls and women in cafes, taverns, honky-tonks, and places of commercial recreation.* The working conditions—hours, wages, and adherence to age limitations in such places should be carefully ascertained, and proper regulations should be enforced.

We see in our Bureau of Public Assistance the reports of welfare agencies from every part of the country. Not mere statistics are those reports. Not mere cases. Within them, written deep is the tragedy of human lives. In them one reads the failure of communities to accept social responsibility for the evils they permit to exist.

Through such failure, in times of peace or war, the nation loses. We lose in dollars. We lose in the strength and stability of the people. But in peace we still let local action set its own pace.

In war, we cannot afford that luxury.



ADMINISTRATOR McNUTT, DR. HENRY H. HAZEN, PRESIDENT OF THE SOCIAL HYGIENE SOCIETY OF THE DISTRICT OF COLUMBIA, AND MISS KATHARINE LENROOT, CHIEF, UNITED STATES CHILDREN'S BUREAU, AT THE SOCIETY'S SOCIAL HYGIENE DAY LUNCHEON MEETING ON FEBRUARY 3, 1942.

## THE NAVY SOCIAL HYGIENE PROGRAM IN ACTION \*

REAR ADMIRAL ROSS T. McINTIRE, (MC)

*Surgeon General, United States Navy*



ADMIRAL McINTIRE

The subject of this talk today might seem to apply to the time which has elapsed since December 7, 1941. In fact, however, it applies to the last World War, during 1917 and 1918, the intervening years, and to the period when President Roosevelt declared a National Emergency. I am making no attempt to summarize all that has happened during those years, for the members of this audience are completely familiar with it. It is only necessary to say that the fine work

that was done by the American Social Hygiene Association and state and local social hygiene agencies in the last war taught valuable lessons. Unfortunately, these were not followed as they should have been during the succeeding years, and so we come to another great war and the age-old question of how to protect the fighting men of our country from a social menace that is as deadly as enemy fire.

After many years of concerted effort and scientific study in waging a continuous battle to stamp out or bring the venereal diseases under control, the American Social Hygiene Association has developed a six-point program, which if followed rigidly will unquestionably result in the absolute local control of venereal disease. Briefly, the points in this program are:

1. Search out the venereally infected.
2. Treat every case of venereal disease discovered.
3. Stamp out commercial prostitution.

\* Presented at the Tenth Annual Regional Conference on Social Hygiene under the auspices of the New York Tuberculosis and Health Association, and 114 cooperating agencies, Hotel Astor, New York City, Wednesday, February 4, 1942, Sixth National Social Hygiene Day.

4. Drive out the quack doctor who preys upon those having a genito-infectious disease.
5. Continue repeatedly to reveal the facts about venereal disease and commercialized prostitution.
6. Provide wholesome recreations and diversions.

Such a program recognizes the broad sociological, medical, and public health aspects of venereal disease control. I should like to be able to say to you today that everyone is in accord with this program, but unfortunately that is not so, and yet we all know that once such a program is established and put into effect in a community, rapid and conclusive reduction in venereal disease morbidity will become a reality. Many of the six points of this broad program have been a part of the Navy's venereal disease program for many years. The greatest difficulty we have found in putting this into effect has been the lack of a sufficient number of officers trained in this field whereby each Naval District could be provided with a leader.

The case-finding procedure of the Navy Medical Corps extends from the recruiting stations through the training stations to the dispensaries and hospitals, and even to the smaller medical laboratory units aboard ship or in the field. In the recruiting station the applicant is examined thoroughly. Those having a venereal disease in the infectious stage are rejected forthright and the local health organization notified whenever practicable. The remaining applicants who are otherwise acceptable are then given a blood serological test for syphilis. Any whose blood tests are repeatedly positive are rejected. Whenever a member of the Services is admitted to a naval hospital a blood serological test is done on him as a routine case-finding measure. This is a screening procedure and is invaluable in discovering latent infections of syphilis which otherwise might remain unrecognized until permanent impairment of health had developed. Periodically, throughout the Navy and Marine Corps enlisted men are examined for concealed venereal disease. Medical activities throughout the U. S. Navy maintain close cooperation with local health authorities. Information on known sources of venereal disease is exchanged, and frequently results in unearthing

cases of venereal disease in the Service and among civilians. These cases so discovered and brought under treatment might otherwise have remained undetected and untreated and thereby might have constituted a focus for the further dissemination of the disease. All food handlers are examined weekly for communicable diseases. This includes examination for venereal diseases. All of these case-finding methods are being pursued vigorously in the naval service.

As for the second point in the above mentioned program, namely: treatment—it can be stated with pardonable pride that the men of the Naval and Marine Corps Services receive treatment second to none. In the Services, unlike in civilian or dispensary practice, conditions are more favorable for the absolute therapeutic control of the case of venereal disease. All are required to undergo treatment. The indifferent or careless individual is closely supervised and required to report for treatment. All cases of venereal disease are restricted to their ship or station while in the infectious stages. This measure prevents further possible spread of the disease and prevents indulging in activities which might interfere with treatment. As newer technics in the treatment of the venereal diseases are developed and accepted by the medical profession, these are added to the Navy physicians' armamentarium.

The Navy is extremely fortunate in the high calibre of the men who enlist in either the Navy or the Marine Corps. For this reason it is not difficult for the Medical Department of the Navy to carry out a continuous educational program for the men in personal hygiene, sex hygiene, and sanitation. From the time of acceptance into the Service, and continually throughout his career in it, the enlisted man is exposed to a constant repetition of instruction on these subjects. He is taught by means of lectures, lantern slides, and motion pictures. He is never permitted to forget the seriousness of venereal disease and the effect which it may have on his efficiency in the Service, and the hazard which it constitutes to his future health and happiness. The part played by commercialized prostitution in the Services, and the methods by which it thrives, are presented to him repeatedly.

It has been my experience that the medical officer who is responsible for educating the men in this program must show understanding in presenting his subject to these boys, and not be swayed by the constant urge to do the spectacular. I like to think of our men in the Service as healthy, intelligent, and honest young Americans who are representative of the youth of the country. It is very easy to show these boys that they have a part and a place in winning this war; that the place of duty to which they are assigned makes them a part of the team and when any of them are forced off, by reason of illness or disease, untrained substitutes can not keep up that smooth team work. It is by appealing to the loyalty and common sense of our men that we will make our program a success.

No effort is overlooked in providing wholesome recreation for the men aboard ship, and whenever practicable while ashore. Athletic teams and contests are encouraged and motion pictures and libraries are provided for use during spare time. Unfortunately, military necessity takes precedence, and space is at a premium aboard a combatant ship. In time of war little space is available. Ashore, sightseeing parties, dances, and social gatherings are encouraged. Every effort is made to encourage the local populace to take an interest in the men during their off-duty periods.

It must be recognized that in the military Services not all of the six points of this well-rounded program of venereal disease control can be instituted. I refer specifically to the points covering commercialized prostitution and medical quackery. Control or elimination of these are functions which become divided among the local police, public health, and medical authorities. It is generally recognized that the chief source of venereal disease in the Services is commercialized prostitution. Both commercialized prostitution and quackery are evils, the roots of which lie deeply imbedded among civilian elements of the population. Normally, under our democratic system, military authorities have no control over the civilian population. Commercialized prostitution is a large scale racket somewhat similar in scope to the "boot-legging" racket of prohibition days. Its ramifications include

a long list of hangers-on who seek to derive profit from the prostitute and her patron. This racket is designed to prey upon the uninitiated. Its ill-gotten gains are derived by attempting to exploit the baser side of human nature. Its patrons are chiefly the gullible and immature youths with idle time on their hands. It flourishes or is stamped out according to the attitude of local police and health authorities, and these in turn are influenced by local public opinion. If local opinion is willing to tolerate prostitution, it will remain.

In the Navy and Marine Corps, it can be shown that the greatest incidence of venereal disease occurs among men in their first enlistment and particularly during the first two years of their service. Since the average age at first enlistment is 19.8 years, it is evident that most venereal infections are acquired while the men are relatively less mature, young, inexperienced, easily led, and not fully adjusted to military life. Observations indicate that these men are not inherently inclined towards exposing themselves to venereal disease, and that given choice, they would much prefer wholesome feminine company. In many localities this is lacking, or the men in uniform are actually discriminated against. Combine with this the wartime activity in a Navy port; overcrowding of the civilian population; insufficient wholesome diversions; overtaxing of local police and public health facilities, and an attitude of indifference towards prostitution, and conditions become favorable for the prostitution racket to flourish at its worst. This is especially true if local police facilities are insufficient or if civil authorities assume an attitude of tolerance towards it.

Consider, too, that the men of the Navy and Marine Corps, even in peacetime, visit ports throughout the entire world; and consider again that the moral standards in many parts of the world, especially in the Orient, are not those of our country, and you have a picture that can not compare with that in our home land. Many years ago the ship on which I was the Senior Medical Officer visited all the principal ports of the Far East and I well remember the first port visited, for we had been at sea almost continuously for over a month. In this city there was legalized prostitution, but because of

the moral standards, which were not those of our country, sexual contact was not limited to the prostitutes. After two weeks' stay in this port we found we had over ten per cent of our crew infected with venereal disease. It was forced on me at that time that ordinary restrictive measures would never do the job that had to be done while cruising in that part of the world. We used every means known to bring to the attention of the men the necessity for self-control and certainly common sense in caring for themselves. Added to this we brought the weight of the opinion of the crew as a whole on the men who were foolish enough to get themselves infected and thereby be forced apart from their fellows. In less than three months after this occurrence, the venereal rate on this ship dropped to practically nothing. It was a rare thing to have more than five or six cases of venereal disease among 450 men.

The public should be educated to the fact that venereal disease quackery also is a nefarious racket in which unprincipled individuals seek to prey upon and profit from those who are venereally infected. Those participating in this racket have no genuine interest in the infected individual. They have no knowledge of or interest in the importance of venereal disease control. Their only concern is in the illegitimate profit to be derived from the victim. There is sufficient evidence to believe that this form of quackery plays a very insignificant part, if any, in the venereal disease problems of the U. S. Navy. The men are encouraged to go to their medical officers for treatment and these are well versed in the latest treatment for venereal diseases.

The Navy Medical Corps in approaching this war effort numbers only nine hundred and some regular officers. We have in the past based our strength on 6.5 medical officers per 1000 men. Now that the Navy has quadrupled and will double again in size, it is not difficult for you to realize the problem that faces the Medical Department of the Navy in securing well-trained venereal control officers. A part of our training program then is to provide for every section of this country, where naval activities exist, competent doctors who will do the job as it is laid down in these six points. This, of



course, calls for close cooperation between the Commanding Officer of the station, the Medical Officer, and the civil authorities in that location. This is where the American Social Hygiene Association has been, and still is, of the greatest assistance. We are receiving splendid cooperation from certain civil institutions in the training of our young doctors in this very necessary work and it is my belief that we will have a sufficient number by the middle of this summer.

In closing I wish to emphasize several points. *First*, personnel of the Navy and Marine Corps are free of venereal disease when entering the Service. Since any form of morbidity lowers the efficiency of the individuals affected and collectively of the naval service at large, it is the grave responsibility of the Navy Medical Corps to prevent that morbidity, or when once an infection has been acquired, to cure it as promptly as possible. Every day lost on the sick list means the loss of one trained man to the Service. The more highly skilled he is, the more difficult it is to replace his services.

*Second*, every evidence points to the fact that commercialized prostitution is the chief source of venereal disease in the armed services.

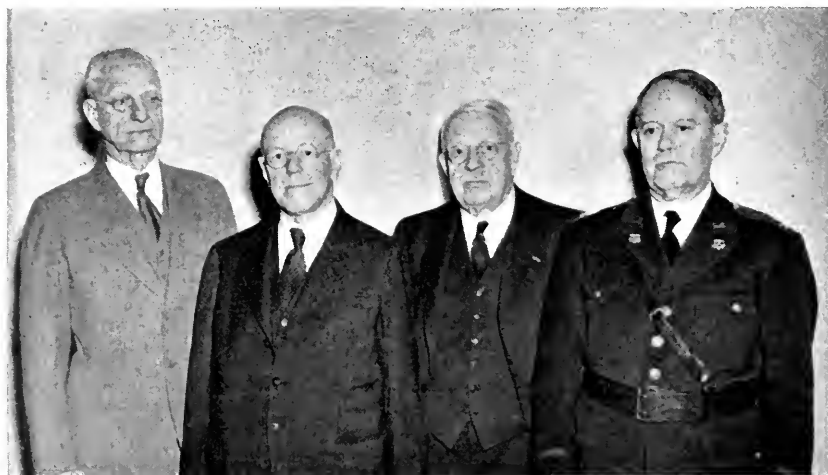
*Finally*, it is my opinion that in communities where the local populace takes an active interest in the Service man, and where local police and health authorities are actively engaged in setting up high standards, commercialized prostitution can not flourish.

Let me say to all of you here today that the Navy is seriously embarked on the program that I have outlined. Let me say also to you and to the people of our country that the morbidity rate for venereal disease, putting it in lay figures, was seven per cent lower in the year 1941 than it was in 1940; that the rate of syphilis is lower than at any time during the past forty years. This is not enough for us, however, and we will continue to find some means of lowering this rate. To the members of the American Social Hygiene Association, and the affiliated state and local societies, let me express the

gratitude of the Navy for the fine cooperation you are giving it, and also express to you personally my thanks for your continued help.



MRS. PAUL EHRLICH, WIDOW OF THE FAMOUS SCIENTIST, AND  
ADMIRAL McINTIRE AT THE NEW YORK REGIONAL  
CONFERENCE ON SOCIAL HYGIENE DAY



FOUR VETERANS OF THE FIRST WORLD WAR VENEREAL DISEASE CAMPAIGN  
AT THE NEW ENGLAND CONFERENCE

Left to right: Major General Merritte W. Ireland, Dr. William F. Snow, Brigadier  
General Frederick F. Russell, Dr. Claude C. Pierce.

PRESENTATION OF  
THE WILLIAM FREEMAN SNOW AWARD  
FOR DISTINGUISHED SERVICE TO HUMANITY \*

TO FREDERICK FULLER RUSSELL, M.D., Sc.D.  
BRIGADIER GENERAL, UNITED STATES ARMY, M.O.R.C.

BY MAJOR GENERAL MERRITTE W. IRELAND  
FORMER SURGEON GENERAL, UNITED STATES ARMY

*at the General Session of the Twenty-ninth Annual Meeting  
of the American Social Hygiene Association  
in Boston, Massachusetts, February 3, 1942*

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For the fifth consecutive year, the William Freeman Snow Award for Distinguished Service to Humanity was presented at the Annual Meeting of the American Social Hygiene Association. The meeting this year occurred as the luncheon session of the New England Regional Conference for Sixth National Social Hygiene Day, on February 3, in Boston, Massachusetts, with Philip R. Mather, Chairman of the Association's Committee on National Defense Activities, presiding. Following the medal presentation, Mr. Geoffrey May, Assistant Director of the Federal Office of Defense Health and Welfare Services gave the meeting's principal address on the topic—*Health and Morale—the Federal Wartime Program*.

Major General Merritte W. Ireland, representing General John J. Pershing as a member of the Committee on Award, presented the medal which symbolizes the award to Brigadier General Frederick F. Russell, the ceremony being broadcast over NBC Stations WBZ (Boston) and WBZA (Springfield). On this occasion also Honorary Life Memberships were awarded to Colonel Claude Connor Pierce of the United States Public Health Service and to Mr. Bascom Johnson of the American Social Hygiene Association staff.

A notable gathering of members and friends included:

\* See frontispiece.

Dr. Joseph Bolten, Medical Director, U. S. Public Health Service; Dr. Walter B. Cannon, Chairman, Massachusetts Anti-Syphilis Committee; Mary E. Driscoll, Secretary, Women's Civic Federation of Massachusetts; Mary S. Gardner, former president, Providence Visiting Nurse Association, and former A.S.H.A. board member; Dr. and Mrs. Joel E. Goldthwait; Dr. Paul Jakmann, Commissioner, Massachusetts Department of Health; Capt. H. L. Kelley, District Medical Officer, First Naval District, U. S. Navy; Raymond T. King, Chairman, Springfield Social Hygiene Committee; Dr. Helen I. D. McGillicuddy, Educational Secretary, Massachusetts Society for Social Hygiene; Mrs. S. W. Miller, Executive Secretary, Massachusetts Society for Social Hygiene; Col. J. J. Reddy, Chief Surgeon, First Corps Area, U. S. Army; W. Duncan Russell, Regional Representative, United Service Organizations; Dr. George Shattuck, President, Massachusetts Central Health Council and Boston Health League; and Dr. Glenn Usher, U. S. Public Health Service representative with Maine State Department of Health.

At the speakers' table were:

Ralph Bradley, Chairman, Massachusetts Committee on Social Hygiene Day; Mrs. Donald J. Hurley, Board of Directors, Massachusetts Society for Social Hygiene; Mrs. William G. Potter, Chairman, Student's Aid, Massachusetts Council of Parent Associations; Dr. George Gilbert Smith, President, Massachusetts Society for Social Hygiene; Mrs. Harry C. Solomon, Vice-President, Massachusetts Society for Social Hygiene; Mrs. David A. Westcott, President, Massachusetts State Federation of Women's Clubs; Dr. William F. Snow, Chairman, Executive Committee, American Social Hygiene Association; and Monsignor Robert P. Barry, Director, Catholic Charitable Bureau, who made the invocation.

For JOURNAL readers who were not present, the JOURNAL records the presentation ceremonies as they occurred:

MR. MATHER: In these unprecedented times in the history of this country and the entire world, there is of course but one test for any activity of a citizen or of an organization. "Does it contribute to our war effort?" We who have been fighting the great battle against venereal disease have long known that our cause ranks second to none in its vital importance to the nation in war time, as well as in peace. So our course was clear. We have simply redoubled our efforts to fight the good fight, and to arouse the general public to an appreciation of its significance. In our efforts, meetings such as this one naturally play a great part.

It is particularly appropriate that we in Boston should be welcoming the American Social Hygiene Association here for the 29th Annual Meeting, because it was this city that furnished an outstanding group of the leaders who organized the Association nearly thirty years ago with Dr. Charles W. Eliot as its first president and Major Henry L. Higginson as its first treasurer. The *Saturday Evening Post* recently stated that Dr. Thomas Hepburn, father of Katherine Hepburn, interested President Eliot in this movement and that

he turned down an appointment as Ambassador to the Court of Saint James in order to devote his time and energy to the cause of social hygiene.

In introducing Major General Merritte W. Ireland, retired, who will speak in a few minutes, I want to make sure you do not misunderstand what that word "retired" means. When I was younger I visualized a man who was "retired" as an old gray-beard reading a paper in a great leather chair at his club. But since I met General Ireland two years ago at a meeting in Chicago, similar to this one, at which he presented the Snow Medal to his old Chief, General Pershing, I have "found out different." Although he was Surgeon General of the A.E.F. and later Surgeon General of the U. S. Army, and has retired from those positions, he is still an active battler in our great fight against disease. The Japanese read in the papers that General McArthur retired some time ago as Chief of Staff of the U. S. Army. Now they are finding out how retiring he is!

General Ireland is a member of the Board of Directors of the Association and also appears here today as the personal representative of General Pershing. It is therefore most appropriate that he should make the presentation of the William Freeman Snow Medal at this time to one of their colleagues in the First World War Campaign against venereal diseases. I take great pleasure in presenting to you my friend Major General Merritte W. Ireland.

#### *General Ireland's Remarks*

It is with great pride and some emotion that I am here today to stand sponsor for a distinguished member of the medical profession. I have followed his career since the afternoon before Thanksgiving Day in 1902 when the then-Surgeon General of the Army, having given a half holiday to his clerical staff, kept his medical assistants in the office to help him make assignments of Medical Officers to new stations. I have followed his work as Lieutenant Russell at small posts like Fort Washington, Maryland, and Fort Wingate, New Mexico, to the present time when his status becomes that of a foremost citizen in the public health world.

Internationally, his work and his name are near the top of the list. In 1906, my position in the office of the Surgeon General of the Army had enabled me to know every member of the Medical Corps except two—Russell and Clayton. About this time, Captain Russell was detailed to come on from the Pacific Coast to make certain scientific studies for the Army Medical Department at Johns Hopkins Hospital. An officer in uniform appeared at the door of my office one day, and I said, "Come in here. You are either Russell or Clayton, one of the two Medical Officers I do not know." He acknowledged that he was Russell, and we put him to work. After he completed his work at Johns Hopkins Hospital, Surgeon General O'Reilly decided it was necessary to send an officer from the Medical Corps to England and the Continent to investigate the subject of protecting man against typhoid fever through an immunizing serum which was being studied over there at that time. Major Russell was sent on this mission. When he returned and made the report of his investigations, it was arranged to try out the immunizing plan in the Army on a volunteer basis. The final result of this experiment was the complete eradication of typhoid fever from the Army and the introduction to the civil population of this country of the immunizing against this dreadful scourge. This one advance in the prevention of disease which may be credited to Russell in this country resulted in the saving of thousands of lives.

In 1917, Colonel Russell's professional background led the Surgeon General to select him to head the Division of Infectious Diseases and Laboratory Service in the Surgeon General's Office. Among the many activities of that Division was the section for the planning and organizing of the World War program for the prevention and control of venereal diseases in the Army with Doctor William F. Snow, distinguished leader of the American Social Hygiene Association, in charge. This was the program which was carried out in the United States and in the American Expeditionary Force which enabled General John J. Pershing to boast that he commanded the cleanest Army in the world and which has

kept and is today keeping these dangerous, infectious diseases steadily declining as destroyers of manpower and efficiency.

In the 12 years following the War, when Brigadier General Russell served as General Director of the International Health Board of the Rockefeller Foundation, he had an opportunity to apply on a broad scale his knowledge of public health with results which are known throughout the world, and finally, since 1933, he has served as Professor and is now Professor emeritus in the Harvard School of Public Health.

FREDERICK FULLER RUSSELL, for 22 years an honored member of the Medical Corps of the United States Army, and a recipient of the D.S.M.(U.S.). In these years, a special student at Johns Hopkins Hospital investigating matters of interest to the Corps. Detailed by the Surgeon General of the Army to the British Medical School and the Infectious Diseases Hospital in Vienna to study the possibility of protecting men against typhoid fever by the injection of an immunizing serum which resulted in the eradication of that scourge from the United States Army and its favorable reception by the medical profession in the United States in the protection of the civil population of this country. Chief of the Division of Infectious Diseases and head of the Laboratory Service of the Surgeon General's Office during the first World War, one section of which organized the Army campaign against venereal diseases with such splendid effect. For years Director of the International Health Board of the Rockefeller Foundation in its efforts for the improvement of public health in every corner of the globe. Crowning your distinguished career as beloved teacher in the Harvard School of Public Health.

In recognition of these momentous activities in the course of your busy and useful life which have made you a great benefactor of mankind, the Committee on Awards of the American Social Hygiene Association asks you to accept the 1942 William Freeman Snow Award for distinguished service to humanity and has given me the great honor of presenting to you at the Twenty-ninth Annual Meeting of this Association the medal which symbolizes that award.

*Brigadier General Russell's Acceptance*

Mr. Chairman, General Ireland and ladies and gentlemen:

I thank you sincerely for the honor you have done me in presenting to me the Snow Medal. It is an honor that I think I fully appreciate, for I have known Dr. Snow and his great effort in the field of social hygiene for many years; in fact, since the days when we were both young doctors who were interested in the prevention as well as the cure of disease. It was when Dr. Snow and I were both in California that he developed many of the educational methods which we use today, and I worked on patients and in the laboratory. I remember very well reading a note in the Journal of the American Medical Association about the discovery of Fritz Schaudinn, of Hamburg, who together with Hoffman, a German Army Surgeon, first described the spirochete of syphilis. The original papers of Schaudinn and Hoffman were not published until later, but the medical reporter of the Journal gave so good a resumé of the investigations that I was stimulated to see if the findings could not be reproduced in our clinic in San Francisco. After a few trials it did prove possible to demonstrate the spirochete of syphilis in our own laboratory and it was with considerable pride that I exhibited our finding to my colleagues. Our treatment in those days before 1910 was not very good, and we were always looking for improvements, and gradually those improvements came, and, for that matter, are still coming, so that as I look back over my own experience, I can see gradual but steady improvement in diagnosis, treatment and in prevention of the venereal diseases, and I know that still better methods are still to come.

In 1917 and 1918, we were confronted with a huge program for prevention of these diseases and Doctor Snow, Clarke, Johnson and many others of us worked day and night to bring about improvements. As I look back I know that we had a considerable measure of success. The rate for venereal infections in the Army decreased continuously and we knew that we had accomplished something. Of course, there was much more to do, for in the prevention of disease one's work is never finished, for the public is like a procession con-



tinually marching past. The elders die off and are replaced each year by a still larger number of young children, and public education has to be continuous and never ceasing. One of the permanent effects of our work in '17 and '18 was in the education of many young doctors in the diagnosis, treatment and prevention of the venereal diseases, and these young men are now the seniors and are, in turn, educating a new group of young physicians who are not merely continuing the work, but are improving it. We know that largely as a result of the work done in the Army and Navy during the last war, a movement for the better treatment and for the prevention of these diseases was started and that it has continued to grow through the years.

In the hurry and bustle of the present war we know that the situation is less formidable than at the outbreak of the last war. As we have been a peaceful nation with a small army we naturally have difficulty in expanding our program for the control of the venereal diseases in the large forces of this war. However, we succeeded in the last war, and we shall do even better in this war. I have no doubt of that.

The statistics of venereal diseases of the Army and Navy astonish and surprise one who first reads them, because there are no comparable statistics from the civil population, and there is, therefore, nothing in the same age group to compare with them. However, surveys of limited numbers of young men and women have been made and we are justified in believing, although it is admittedly impossible to prove it, that there is at least no more, and perhaps less, venereal disease in the armed forces than in the civil population. Studies made by Ashburn during the last war have shown that these diseases are not uniformly distributed, but exist in large numbers in only a small part of the population. Most young men and young soldiers are free from them, but the small group of young artisans who have been earning high wages also have high rates, whether in or out of the armed forces. Now that we have some idea where to look for trouble, the problem is simpler. It is difficult to prove it, but, nevertheless, it is my firm conviction that even in our armed forces of today there is less disease than in the civil population. In fact, one

may say that the young men who are inducted into the Army and Navy of our country are better protected and cared for than the less fortunate members of the community of the same age, who have been left at home, for we know that the danger of contracting venereal disease is wide spread, and that these diseases are at least as frequently contracted in civil as in military life,—perhaps even more frequently in civil life where the morale and care is less adequate.

While I do not wish to minimize the danger from these diseases, I do not wish, on the other hand, to be pessimistic, for I know that what we did before can be done again, and probably be done better. Sweden, Denmark and some other countries have done astonishing things in the control of the venereal diseases and I do not believe that our people, either in the armed forces or in the civil population, are any less intelligent or less eager than the Scandinavians. This undertaking can be carried through and, in fact, is being carried through; and honest effort and intelligent criticism are helpful in our program for this field of activity in our national defense in both the armed forces and in the civil population.

In conclusion, I wish to thank you again for the honor you have shown me in conferring upon me the Snow Medal.

MR. MATHER: I am sure I speak for all of you when I express our appreciation to General Ireland and General Russell for their presence here and for what they have said to us.

It is now my pleasure and privilege to make awards of certain Life Memberships in the American Social Hygiene Association. Our Association not only does its best to preserve lives, but it believes that those who do yeoman service in this cause should receive recognition while they are still alive and with us, not after their death.

Every year, therefore, Honorary Life Memberships are awarded to those whose contributions have been particularly outstanding. This year six such memberships have been determined upon by the Committee charged with that responsibility, two of them to be awarded here today and the other four at similar meetings in other cities. (*See pages 144-164.*)

Major Bascom Johnson, will you please rise? As representative of the American Social Hygiene Association's Committee on Awards, I have taken great pleasure in distributing to the membership the citation recorded by the Committee in awarding to you an honorary life membership in the Association. The frequency with which milestone dates from 1900 to 1942 are sprinkled through this citation indicates that ever since your days of international prowess in track and field athletics, you have been sprinting through your life of devoted service to the social hygiene movement, and adding one notable achievement after another to your career.

I now confer upon you, with the esteem and affection of the officers, staff and membership of the Association this Honorary Life Membership.

Dr. Claude C. Pierce, will you please stand? You have been one of our advisors and associates in the work of the Association from its earliest years. Because of your many distinguished services in behalf of public health and particularly in advancement of the social hygiene movement, the Committee on Awards invites you to Honorary Life Membership in the American Social Hygiene Association.

It is my privilege and pleasure today to hand to our members the Committee's citation and to confer upon you this Honorary Life Membership.

*Mr. Johnson and Dr. Pierce each spoke briefly, in response and Mr. Mather then introduced Mr. May.*



GEOFFREY MAY

*For further details of the Boston program and other Social Hygiene Day regional conferences and meetings, see pp. 155-164.*



MR. ROCKEFELLER

## SIX SOCIAL HYGIENE PIONEERS RECEIVE HONORARY LIFE MEMBERSHIP IN THE AMERICAN SOCIAL HYGIENE ASSOCIATION

As announced by Mr. Mather at the General Session of the Association's Annual Meeting in Boston, the Committee on Awards this year conferred Honorary Life Membership in the Association upon six persons whose contributions have been outstanding in securing the progress of the social hygiene movement. These were: John D. Rockefeller, Jr., of New York; Captain Charles S. Stephenson, U. S. Navy; Dr. Claude C. Pierce, U. S. Public Health Service; Bascom Johnson, American Social Hygiene Association; Dr. Elizabeth Campbell of Cincinnati; and Captain Joseph R. Phelps, U. S. Navy (retired) of California.

For the interest of members and friends who could not be present at the various Social Hygiene Day meetings when these Awards were announced (see pages 142-3 and pages 155-65), the JOURNAL publishes herewith the citations and photographs which were distributed in brochure form at the time.

### JOHN D. ROCKEFELLER, JR.

*John D. Rockefeller, Jr. . . . to you we owe the growth and development of social hygiene in the United States as truly as we owe its origin to Prince A. Morrow. An officer of the Social Hygiene Association finds it difficult to address you today without violating the fundamental law of the benefactors of humanity that, among you, there shall be no greater and no less: Sir, we have much to thank you for. The munitions of war that transformed our committee of enthusiasts into an effective organization came almost wholly from yourself or from those friends whose interest you engaged. And each of us was impressed by the knowledge that you made no conditions and sought only to serve with us the common cause of health and education and the support of the highest ideal of Christian morality. Moreover, your unequalled generosity to us is but the material evidence attesting the wisdom of your counsel, ever at our disposal. Only the knowledge that you would refuse a higher honor has emboldened us to offer you today an honorary membership in our Association.*

EDWARD L. KEYES, M.D.

OUR Honorary President, Dr. Edward L. Keyes, has tried to express something of the esteem and affection of the members and officers of the American Social Hygiene Association for John D. Rockefeller, Jr., who with other outstanding pioneers in human betterment—among them notably Prince A. Morrow, Charles W. Eliot, and Grace M. Dodge—sponsored in 1914 this new movement in public health, education and social protection. As Dr. Keyes points out, it was Mr. Rockefeller whose genius for organization “transformed our committee of enthusiasts” into an effective voluntary agency with the backing of public confidence and increasing popular support. It is characteristic of Mr. Rockefeller in all his world-wide philanthropies that before he makes a proposal or gives his support, he thoroughly studies the problem and considers the practical basis for action. So, in the field of social hygiene, long before the Association was established he was inquiring into the reasons for public failure to apply available knowl-

edge of the venereal diseases, as they were called. Then, during the first half of the year 1910, while serving as the fearless and resourceful Foreman of the Special Grand Jury which investigated the notorious white slave traffic in New York City, he learned the extent and insidious ramifications of commercialized prostitution and related evils.

One of Mr. Rockefeller's early observations was that "the forces of evil are never greatly alarmed at the organization of investigating or reform bodies, for they know that these are generally composed of busy people, who can not turn aside from their own affairs for any great length of time to carry on reforms, and sooner or later their efforts will cease and the patient denizens of the underworld and their exploiters can then reappear and continue as before." From such impressions and the advice of his associates grew the conviction that in order to make a real and lasting improvement in conditions, it would be necessary to secure permanent planning and an organization which would not be dependent upon a temporary wave of reform nor upon the life of any man or group, but which might go on, generation after generation, continuously making warfare against the forces of evil. As a means toward this end, the Bureau of Social Hygiene was formed in 1911, and continued for nearly twenty-five years to make and publish notable surveys and studies of the various factors involved. It was Mr. Rockefeller's expressed desire, that the spirit which dominated the work of the Bureau should not be sensational or hysterical, that it should not be essentially a spirit critical of public officials; but that it should be essentially a spirit of constructive suggestion and of deep scientific as well as humane interest in a great world problem.

In 1913 it became evident that the work of the Bureau needed to be supplemented by the efforts of some national voluntary agency to carry on a continuous program of public information and promotion of community cooperation and action in all the educational, health, and social protection phases of social hygiene. Mr. Rockefeller joined President Charles W. Eliot and officers of existing voluntary agencies in this field in arranging a merger to create the American Social Hygiene Association in March, 1914. From that day to this he has been truly an honored and active consultant and personal friend not only of the officers but of the staff.

With the advent of the War in 1917, Mr. Rockefeller found the time to participate personally in the vital extra-cantonment program, and in promoting the correlation of these activities administratively and financially with the larger program of the Training Camp Commissions. Following demobilization of our armed forces, public interest and participation had to be shifted from the needs of a nation at war to the varying needs of communities at peace. The loss of Federal assistance to states for public health and medical measures was paralleled by loss of public assistance for detention homes and rehabilitation services for girls drawn into prostitution. The close relations of such facilities with recreation and leisure time activities lapsed. Gradually the vigorous wartime program which had yielded such noteworthy results was driven back to community action with limited assistance from states and the Federal government. In all these years Mr. Rockefeller never lost confidence nor ceased to give encouragement to those engaged in this field of endeavor.

In 1924, when there was a need to restudy the problems of international traffic in women and children, Mr. Rockefeller made it possible for the League of Nations to undertake this project, and followed closely its progress and the world-wide influence of the reports.

Then came renewed Federal assistance through the Social Security Board, followed by continuing appropriations under the Venereal Disease Control Act of May 24, 1938, the leadership of Thomas Parran, and the rallying of the American public to a finish fight against syphilis. In all these resurgent activities of official and voluntary agencies in a united campaign for health, social protection and moral welfare, Mr. Rockefeller took great satisfaction.

Neessarily these are but highlights of Mr. Rockefeller's many personal services in behalf of the social hygiene movement. While they constitute but a small fraction of all his distinguished services to humanity, they have been epochal in this field, and we join him in anticipating that the next quarter of a century will surely see the full fruition of his cooperative efforts with those men and women who have devoted themselves to this cause.

W. F. S.

#### CHARLES S. STEPHENSON, (MC) U. S. NAVY

**O**RGANIZATIONS, like individuals, are inclined to give special emphasis to the accomplishments of a man in their own fields of interest. So it is with the American Social Hygiene Association today in its desire to honor Charles S. Stephenson, M.D. He has continually made notable contributions to this movement through wise counsel, published articles, lectures and service on committees from its early years. Naturally these activities bulk large in our measure of the man, but they constitute a minor part of any evaluation of all his services to medicine, public health and social welfare as a whole.

It is necessary to say this because all the Association ever got out of him for publication regarding his personal history was that he "trained at Vanderbilt University, learned to practice medicine in Tennessee, entered the Navy in 1913, and was promoted successively to the grade of Captain." Only those who have had the privilege of knowing him intimately realize what a fascinating story of a World-wide leader in public health and medicine is encompassed in that brief summary.

CAPTAIN STEPHENSON



From official records one finds that Captain Stephenson served until 1918 in the Navy on the Yangtze River and in Japan as Executive Officer of the Naval Hospital in Yokohama, being then transferred as Staff Medical Officer to Admiral Plunkett in France. At the close of the First World War he was assigned as Chief of the Division of Genito-Urinary Diseases in the Brooklyn Naval Hospital. Again in 1921, he was returned to the Yangtze Patrol Force and carried on epidemiological investigations on cholera and plague, finding time also to be Instructor in Military Medicine at Peiping University Medi-

cal School. The years 1924-25 found him still in the Orient, as Medical Officer of the Asiatic Fleet. This experience was followed by another tour of duty in the Brooklyn Naval Hospital, which gave way to an exciting period as Brigade Surgeon with the Marine Corps Expeditionary Force in Northern China as commanding Officer of the field hospital. Back to the United States for duty in the New York Naval Hospital and clinical work in public health, Columbia University; and off again to the South Seas as Aide to the Governor of American Samoa for reorganizing the public health department of that dependency in 1935; thence to the Army Industrial War College for graduate study.

Finally in 1936, this man of many careers—scientific, medical, educational, public health, administrative—was ordered from these worldwide field duties to Washington to take charge of the Division of Preventive Medicine, Bureau of Medicine and Surgery, Navy Department. To the direction of this vital and growing service, biographers must add: Professor of Preventive Medicine, U. S. Naval Medical School; Adviser to the Shore Establishments Division, Office of the Assistant Secretary of the Navy; Member of the Advisory Council, U. S. Public Health Service; Member of the Tennessee Valley Authority and Medical Division; Lecturer on Preventive Medicine, Johns Hopkins University; Liaison Officer for the Navy Department to the Medical Sciences Division of the National Research Council; Member of the Interdepartmental Committee to Coordinate Health and Welfare Activities; Member of the Federal Interdepartmental Safety Council; Naval Observer recently attached to the American Embassy in London; Member of the Interdepartmental Venereal Disease Committee, Washington.

Whatever his assignment, wherever he has lived, however he has been pressed for time in preparing the many scientific papers indexed under his name, Captain Stephenson has never failed to give aid and leadership to the campaigns against syphilis and gonorrhea and programs for social protection of community life and welfare. In recognition of these distinguished services the Committee on Award presents this Honorary Life Membership in the American Social Hygiene Association.

W. F. S.

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#### CLAUDE CONNOR PIERCE, M.D.

THE story of a man who graduated in medicine in 1898, launched his medical career as an officer in the Spanish-American War, and has spent forty-one years in distinguished service with the United States Public Health Service on every health and medical frontier of that far-flung organization, calls for a professional biographer who knows how to deal with limits of space and dramatic details. It is not difficult, however, for the amateur to trace his official record:

Marine Hospital Quarantine and Immigration Service; Superintendent of Hospitals; Executive Officer under Colonel Gorgas; Chief



DR. PIERCE

Sanitary Officer of the Panama Canal Zone; Quarantine Officer for the Republic of Panama; tours of duty at the United States Hygienic Laboratory; Chief Sanitary Officer for the Panama-Pacific Exposition; Director of Plague Suppressive Measures in California; administrative direction of measures for prevention of typhus fever; service during the first World War at Little Rock in extra-cantonment health and sanitation, including direction of the training center for officers to be assigned to other military areas. All these are but milestones cited to show the practical training and administrative experience which went into the preparation of the man selected for one of the most difficult and complicated pioneer tasks ever undertaken by an officer of the Public Health Service—assignment as the first venereal disease control officer.

On July 9, 1918, the Act passed by Congress creating the United States Interdepartmental Social Hygiene Board became law. This included the establishment of a Division of Venereal Diseases in the United States Public Health Service. Dr. Pierce organized and directed this Division as Assistant Surgeon General in charge for four years, serving also during that time as a member of the Interdepartmental Social Hygiene Board. This period marked the beginning of Federal assistance to the states for venereal disease treatment and control. The early reports and papers of Dr. Pierce and his associates at that time are interesting reading and outline the essential basis on which the vigorous nation-wide program of today has been developed through the vicissitudes of the intervening years.

When the newly-created position of District Director was established in 1922, Dr. Pierce was released from his administrative duties in Washington and assigned to Chicago, in charge of District No. 3; but the organization work for this area was scarcely completed before it became necessary for him to proceed to Mexico and to Cuba to study the seaports and confer with government authorities regarding sanitary conditions and modification of quarantine restrictions. Subsequently an outbreak of malignant smallpox at Windsor, Ontario took him to Canada for the difficult task of international quarantine service and vaccination of several hundred thousand inter-city workers and more than six hundred thousand residents of Detroit.

The year 1926 found Dr. Pierce again in Washington serving as Assistant Surgeon General in charge of Personnel and Accounts. Then, a new Act having created the position of Medical Director, he was advanced to that post in July, 1931, but continued his direction of the Division of Personnel and Accounts. Conditions abroad next claimed Dr. Pierce for supervision of medical inspection of aliens in Europe and Great Britain. During this service, for three years, opportunity was afforded the health authorities of all the countries of Europe to benefit by Dr. Pierce's wide experience with all their major



problems of disease prevention and administration. Correspondence during this period shows that he never forgot the official and voluntary agencies interested in the field of social hygiene "back home" whose officers eagerly looked to him for information of new or different approaches to their special problems in changing conditions of Europe.

In August, 1937, the announcements of orders carried the information that Medical Director Claude C. Pierce was relieved of duty in Europe and assigned as Director of Public Health District No. 1 with Headquarters Office in New York City. The New England hurricane, the greater Metropolitan-Interstate demonstration project for control of venereal disease, the many details of liaison activity between the Federal Public Health Service and the state authorities in this area, the complicated military-industrial-civilian relationships of this second World War, are illustrative of the many emergencies and vitally important problems whose solution calls for the judgment and counsel of an officer with just such skill and long experience—for "an Elder Statesman," as Surgeon General Parran recently described Dr. Claude C. Pierce—to whom we are today privileged to award an Honorary Life Membership in the American Social Hygiene Association.

W. F. S.

#### BASCOM JOHNSON

WHEN several agencies pooled their resources and merged to form the American Social Hygiene Association in 1914, one of the chief assets contributed by the National Vigilance Association was a young lawyer who had already proved his mettle in the attack on the underworld promoters of commercialized prostitution. The new Executive Committee were concerned to hold this brilliant acquisition. As Dr. Keyes said, "There's a man!" But Bascom Johnson then had no thought of spending his life in building a career in this field. He had been trained to practice law. He had a family. He had merely thrown his skill and resources into this fight as any good citizen does to launch a necessary reform and to protect his fellow citizens from merciless exploitation. No wonder the members of the Executive Committee were anxious lest he should decide he had done enough. But they did not press the matter. They simply placed before him one challenging problem after another—and are still doing so.

MR. JOHNSON

One of the first was the effort cooperating with West Coast agencies to improve conditions at the Panama-Pacific Exposition in San Francisco. Through Mr. Johnson's leadership the constitutionality of the California Injunction and Abatement Law was established before the State Supreme Court, and this led to the closing of the notorious Barbary Coast.

In 1917, Mr. Johnson again faced a job of immense importance: On active duty as a Major of the Sanitary Corps, U. S. A., he served



through the First World War as Director of the War and Navy Department Commissions on Training Camp Activities, Law Enforcement Division, which saw that areas near Army cantonments were kept free from prostitution and other forms of vice hazardous to soldier health and efficiency. Team-work of official and voluntary agencies closed over 130 red-light districts, hundreds of houses of prostitution, and conducted campaigns against vice and venereal disease in more than 800 American communities.

The war-time assignment ended in 1919, after six months' special duty abroad in connection with the program of the Chief Surgeon of the A.E.F. for combating venereal disease. Returning to direct the Association's post-war program of legal and protective activities, Mr. Johnson aided various groups in securing state legislation against prostitution. From 1919 to 1925, twenty-three states adopted such laws in whole or in part, so that most sections of the country now have legal provisions which may be invoked for community and individual protection against this evil.

In 1924, Mr. Johnson engaged in one of the most extensive social hygiene projects ever undertaken—the League of Nations Study of International Traffic in Women and Children. As Director of Investigations for the Special Body of Experts appointed by the League Council, and applying the fact-gathering methods developed and tested in hundreds of U. S. A. studies, he and a small staff surveyed twenty-eight European and Latin American countries. In 1930, when the Council extended the study to the Near, Far and Middle East, he headed a Commission of Three to visit twenty countries. The reports of these studies, issued by the League in 1927 and 1933, and presented to the governments concerned, definitely influenced world-wide conditions.

Home again, Mr. Johnson was busy as writer, speaker and consultant to cities and groups facing difficult prostitution conditions aggravated by the unemployment emergency. He was particularly in demand to aid in drafting the laws requiring premarital and prenatal examinations for syphilis, one or both of which between 1935 and 1942 were passed by 33 state legislatures.

In September, 1939, with the first limited national defense emergency he was asked to aid health and law enforcement authorities in plans for circumventing the racketeers of organized prostitution. As our new Army has gathered its two million men, his keen judgment and resourceful mind have been edged tools, sharpened by twenty-five years of practical social hygiene experience, to help cut down the destroying power of vice and disease among the armed forces.

It was natural, when early in 1941 the Government organized its Section on Social Protection in the Office of Defense Health and Welfare Services, that Mr. Johnson should be borrowed to help get the new program under way. Still serving informally as Consultant to the Section, he is now, as Associate Director for the Association, aiding in intensive efforts where most needed to improve community

conditions near Army camps and Naval bases, while directing at long range a field staff scattered throughout the entire country.

"B.J.," as he is affectionately known, was born in Washington, D. C., attended Worcester Academy in Worcester, Massachusetts, graduated from Yale University in 1900 as a Bachelor of Arts, and from the University of Pennsylvania as an LL.B. in 1903. In preparatory school, serving as captain of the track team and winning the New England Interscholastic pole vault and the quarter mile race, he began a career in sports and athletics which has continued throughout his life. As a Yale freshman, he broke the intercollegiate pole vault record and, in his senior year, was captain of the Yale track team. He was a member of the New York Athletic Club team at the Paris Olympic Games in 1900. For these achievements, and as an enthusiastic devotee of tennis and golf in recent years, he holds many trophies. Before joining the Association's staff he practiced law in Philadelphia, served as law officer for the Federal Indian Bureau, and was Secretary of the Recreation Commission of New York City for a year.

In presenting to Mr. Johnson Honorary Life Membership in the American Social Hygiene Association, the Committee on Award recognizes the long-time and invaluable contribution to the national program made by one who has kept the ideals and aims of that program perpetually before him, and has steadily marched forward towards the goal.

J. B. P.

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#### ELIZABETH CAMPBELL, M.D.

**D**R. Elizabeth Campbell was one of the pioneers of women-in-medicine and her outstanding success in her field has blazed the way for the many able women who have followed in her footsteps. Born in Ripley, Ohio, in 1862, she came of a family who had already established a record for faithful public service. Her paternal grandfather was a governor of the state and her maternal grandfather was one of the trio of abolitionists who established the first underground railway system for the escape of slaves at the time of the Civil War. In the old home, high above Ripley on the Ohio River, one of the stations was established and in the house, now a memorial building of the state, the concealed room where the slaves were hidden can still be seen.

DR. CAMPBELL

Educated in private schools, Elizabeth Campbell developed early an interest in medicine and, after some preliminary study in a physician's office, she entered the University of Michigan where she studied for three years, then transferring to the Medical College of the University of Cincinnati. She was graduated from the Medical College in 1895 and became an interne in Prison Hospital for Women at Framingham.



Massachusetts. After completing her internship, she returned to Cincinnati where she opened her office and soon established the large and successful practice she carries on today.

In addition to her large private practice, Dr. Campbell soon developed an interest in public health affairs, holding that general health conditions in the community were matters of prime importance to every practicing physician and a part of such physician's responsibility. In 1902, Dr. Campbell was elected a member of the staff of Christ Hospital, the first woman to hold such a position in any hospital in Cincinnati. She became Vice-President of the Cincinnati Academy of Medicine in 1910, again being the first woman to hold this position. The recognition of her standing and ability as a physician naturally increased the value of her work in the field of public health. In 1909, with an interested group of women she organized the Cincinnati Visiting Nurse Association, becoming the first president. In 1917, she became interested in social hygiene, securing sufficient interest to organize, and assuming the presidency of the Cincinnati Social Hygiene Society.

Those were dramatic days! At the first public meeting an army officer, asked to give his opinion as to the protection of the soldiers against disease, arose, and with great dignity advised "the ladies to go home and attend to their knitting as such problems belonged to men." At that time there existed a rather famous (or infamous) "red-light district" in the heart of the city. Segregation was a moot question. Many excellent people believed it the only way to handle prostitution. This small organization, knowing soldier boys went in and out of those houses without let or hindrance, felt helpless even to attempt to stem the tide. And then came the edict from Washington, promulgated by Secretary of War Newton D. Baker, that no segregated district could remain within a five-mile radius of any encampment. It was a great day when it was found that the carefully measured distance to Fort Thomas fell within the limit. Having Federal authority, action began at once, against all sorts of odds, to clear the street, and soon the group had the great satisfaction of seeing the last denizen depart, bag and baggage.

In 1932, calling on a few physicians to help, Dr. Campbell organized the Cincinnati Committee on Maternal Health, as a branch of the New York Society. The unusual feature of the organization is the medical control. Carrying out her firm convictions, that physicians should sponsor social problems with medical implications, Dr. Campbell stood firmly for the venture becoming a committee of the Academy of Medicine. Against many objections, the work was adopted by the Academy, and has grown to large proportions, embracing nine intramural clinics.

In all of this growth and development, Dr. Campbell has been the guiding spirit. She is today active as Chairman of the Committee on Maternal Health, having served also on the national board of that organization; and as Vice-President of the Cincinnati Social Hygiene Society. From 1925 to 1936 she served on the Board of the American

Social Hygiene Association, continuing as Vice-President from 1936 to 1938.

Not alone for these accomplishments, and for the inspiring leadership and high ideals which have distinguished the deeds of this stout-hearted fighter, but as well for the warmth and kindness in every-day human relationships shown by a gracious lady, we are privileged to award Honorary Life Membership in the American Social Hygiene Association.

J. B. P.

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JOSEPH ROYAL PHELPS, (MC) U. S. NAVY (RETIRED)

**H**ARVARD University conferred the degree of Doctor of Medicine upon Joseph Royal Phelps in 1903, and experience in the practice of medicine completed his preparation for a career in military medicine and surgery. From his entrance into the Medical Corps of the United States Navy to retirement in December, 1938, Captain Phelps was always the forthright proponent of enquiry, analysis and improvement of methods along lines he believed would achieve results.

His tours of duty at sea and on shore carried him to many parts of the earth and assigned to him many difficult problems—for example, from the duties of Health Officer of American Samoa to studies in Washington of metabolism in relation to the Navy ration; and from the surgical technique on a battleship to instruction in hygiene and preventive medicine for graduate students in the Naval Medical School. Although he is a Fellow of the American College of Surgeons, Captain Phelps was always particularly interested in epidemiology, and much of his writing and influence were directed toward promotion and coordination of laboratory research, statistical studies, clinical practice and epidemiological investigations. While illness restricted his personal contacts and field activities, he continued these efforts through his Fellowship in the American Public Health Association and his membership on many advisory boards, in addition to his official connections.

Another of Captain Phelps' research activities of special interest was a statistical study of the toxic effects of arsenical compounds used in the treatment of syphilis in the Navy. This important work, begun in 1926, has been continued by his successors. At this period of his assignment to duty in Washington, he also served on the Advisory Board of the United States Hygiene Laboratory (now known as the National Institute of Health).

For members of the American Social Hygiene Association, Captain Phelps' selection in 1917 to organize and later to direct, until 1927, the Division of Preventive Medicine, Bureau of Medicine and Surgery in the Navy Department, is one of the high points of his career. This Division functioned with great advantage not only in the navy, but in correlation with the Venereal Disease Administrative Unit of the Army and the then newly created Division of Venereal Diseases in the Public Health Service.



CAPTAIN PHELPS

During these years the United States Interdepartmental Social Hygiene Board was active in promoting the civilian program and assisting state and local authorities, universities, the social hygiene agencies and other organizations to undertake research and demonstrations of better methods for diagnosis, treatment and public health control of the venereal diseases, and for education and social protection. Dr. Phelps was one of the forceful members of the Executive Committee of this Board.

On recommendation of the Surgeon General of the Navy in December, 1924, and by direction of the Secretary of the Navy, a board of officers was convened by order of the Chief of the Bureau of Navigation to study the venereal disease problems of the Navy. The officers of this Board represented the Bureau of Navigation, the office of the Major General Commandant of the Marine Corps, the office of the Judge Advocate General of the Navy and the Bureau of Medicine and Surgery. The report\* of this Board was so important and so instructive that it had wide influence at the time not only among those concerned with military and naval affairs, but among civilian groups. Captain Phelps, as the medical member, naturally was of great service in conducting the Board studies and enquiries and in preparing the report.

The Committee on Award presents this Honorary Life Membership in the American Social Hygiene Association in recognition of Captain Phelps' service to humanity and in appreciation of his years of active cooperation in promoting the work and ideals for which the Association stands.

W. F. S.

\* Published in U. S. Naval Medical Bulletin, December, 1925, pp. 527-59, and JOURNAL OF SOCIAL HYGIENE, Vol. XII, No. 2, February, 1926.

## THE REGIONAL CONFERENCE PROGRAMS

As previously announced, six regional conferences headed up the thousands of meetings and other events held in connection with Sixth National Social Hygiene Day. For the record and for future reference, the JOURNAL gives here the programs in summary and other facts concerning these meetings. A future issue of the JOURNAL will contain additional reports on many important community and group Social Hygiene Day celebrations and other special events which took place at this time.\*

### NEW ENGLAND CONFERENCE

*Time and place:* February 3, Copley Plaza Hotel, Boston. Attendance: 1,000.

*Local auspices:* Massachusetts Society for Social Hygiene, with 81 regional, state and local sponsoring agencies, and the Massachusetts Committee on Social Hygiene Day, with the following members: Governor Leverett Saltonstall, Honorary Chairman; Ralph Bradley, Chairman; Mrs. S. W. Miller, Executive Secretary, Massachusetts Society for Social Hygiene, Secretary; Msgr. Robert P. Barry; Dr. Joseph Bolten, Medical Director, U. S. Public Health Service; Dr. Walter B. Cannon, Harvard Medical School; Hon. Albert Bradley Carter, Commissioner of Probation; Hon. Richard K. Conant, Director, Division of Health and Social Services, Massachusetts Committee on Public Safety; Mrs. Burtis E. Dresser, President, Massachusetts Parent-Teacher Association; Dr. G. Lynde Gately, Commissioner, Boston Health Department; Dr. Paul Jakmauh, Commissioner, Massachusetts Department of Public Health; Capt. H. L. Kelley, District Medical Officer, First Naval District, U. S. Navy; Raymond T. King, Chairman, Springfield Social Hygiene Committee; Rev. Joshua Loth Liebman; Philip R. Mather; John J. Murphy, Field Supervisor, Section on Social Protection, Federal Security Agency; Lt. Col. Abbot Peterson, D.D., Chaplain, Station Hospital, Camp Edwards; Col. J. J. Reddy, Chief Surgeon, First Corps Area, U. S. Army; W. Duncan Russell, Regional Representative, United Service Organizations; Dr. George C. Shattuck, President, Massachusetts Central Health Council and Boston Health League; Dr. George Gilbert Smith, President, Massachusetts Society for Social Hygiene; Hon. Joseph Timilty, Commissioner, Boston Police Department; and Mrs. David A. Westcott, President, Massachusetts State Federation of Women's Clubs.

#### *Program*

#### **Morning Session—9:45 A.M.**

**Subject:** *Today's Emergency Problems*

**Presiding:** DR. GEORGE GILBERT SMITH

#### **Speakers**

*The Community Closes Ranks,* JOHN J. MURPHY

*Prostitution—Must History Repeat?* BASCOM JOHNSON, Associate Director, American Social Hygiene Association

*Wanted—An Ounce of Prevention,* MIRIAM VAN WATERS, Superintendent, Reformatory for Women, Framingham, Mass.

\* Especial mention should be made of the community meeting held at San Diego, California, February 8th, when the San Diego Social Hygiene Association was formed, and Honorary Life Membership in the American Social Hygiene Association was conferred on Captain Joseph R. Phelps by Dr. Walter Clarke. (See page 153.)

Discussion Leader: MRS. DONALD J. HURLEY, Massachusetts Society for Social Hygiene

**Luncheon Session—12:30 P.M.**

*Annual Meeting, American Social Hygiene Association*

**Presiding:** PHILIP R. MATHER, Chairman, Committee on National Defense Activities, American Social Hygiene Association

*Award of William Freeman Snow Medal for Distinguished Service to Humanity* to BRIGADIER GENERAL FREDERICK F. RUSSELL, Medical Reserve Corps, U. S. Army. Presentation by MAJOR GENERAL MERRITTE W. IRELAND, Former Surgeon General, U. S. Army

*Award of Honorary Life Memberships in the American Social Hygiene Association* to CLAUDE C. PIERCE, M.D., Medical Director, U. S. Public Health Service; and to BASCOM JOHNSON, Associate Director, American Social Hygiene Association. (See pages 142-3 for details.)

**Address:** *Health and Morale—The Federal Wartime Program*, GEOFFREY MAY, Deputy Assistant Director, Federal Office of Defense Health and Welfare Services

**Afternoon Session—3 P.M.**

**Subject:** *Building for the Future in Wartime*

**Presiding:** REV. PHILLIPS ENDECOTT OSGOOD, Emmanuel Church, Boston

**Speakers**

*A Postgraduate Course for the Public*, DR. ERNEST B. HOWARD, Director, Division of Genitoinfectious Diseases, Massachusetts Department of Public Health  
*Wartime Parents*, MRS. SIDONIE M. GRUENBERG, Child Study Association of America  
*Youth Has Priority*, DR. WILLIAM F. SNOW, Chairman of the Executive Committee, American Social Hygiene Association

**NEW YORK CONFERENCE**

*Time and place:* February 4, Hotel Astor, New York. Attendance: 3,000.

*Local auspices:* Social Hygiene Committee of the New York Tuberculosis and Health Association, with 114 sponsoring organizations, and the New York Committee on Social Hygiene Day, DR. WILLIAM F. SNOW, Chairman; JACOB A. GOLDBERG, Secretary, and representatives of the sponsoring organizations

*Program*

**Morning Sessions—10 A.M.**

*I. Social Hygiene and National Defense*

**Presiding:** DR. W. BAYARD LONG, Chairman, Social Hygiene Committee, New York Tuberculosis and Health Association

**Speakers:** DR. OTIS ANDERSON, U. S. Public Health Service; CAPTAIN C. S. STEPHENSON (MC), U. S. Navy Division of Preventive Medicine; DR. EDWARD S. GODFREY, JR., Commissioner of Health, State of New York; MAJOR JOHN A. WARNER, Superintendent of New York State Police.

*II. The Nurse and Social Hygiene*

**Presiding:** AMELIA GRANT, Director, Bureau of Nursing, New York City

**Speakers:** CAROLINE E. FALLS, Supervisor, Lenox Hill Nursing Service, Community Service Society; ALTA ELIZABETH DINES, Director, Department of Educational Nursing; M. A. BONOMO, Director of Instruction, Out-Patient De-



partment, Kings County Hospital; ELEANOR E. COCKEMILL, Director, Department of Social Service, Long Island College Hospital; HELENE OLANDT, Director of Nursing, St. Luke's Hospital.

**Discussion:** MAY SHAMP, Supervisor of Nurses, Out-Patient Department, Mt. Sinai Hospital; NETTIE CROSWHITE, Social Worker, Hospital for Joint Diseases; LORAINE G. DENNHARDT, Director, Lincoln School for Nurses.

### III. Firm Foundations for Family Living

**Presiding:** HAZEL CORBIN, General Director, Maternity Center Association

**Speakers:** DR. LEONA BAUMGARTNER, Acting Director, Bureau of Maternal and Child Health, New York City Department of Health; DR. DONOVAN J. McCUNE, Chief Pediatrician, Babies Hospital; MRS. SIDONIE M. GRUENBERG, Director, Child Study Association of America; DR. ERNEST G. OSBORNE, Associate Professor of Education, Teachers College, Columbia University.

**Discussion:** DR. WILLYSTINE GOODSSELL, Director, American Eugenics Society  
MRS. HELEN LEIGHTY, Director, Children's Welfare Federation

### IV. Social Hygiene Films and National Defense

**Presiding:** DR. F. L. MOORE, Executive Officer, Department of Preventive Medicine and Community Health, Long Island College of Medicine

Films shown: *Plain Facts About Syphilis and Gonorrhea*; *In Defense of the Nation*; *With These Weapons—the Story of Syphilis*; *Health Is a Victory—the Story of the Fight against Gonorrhea*

**Speakers:** DR. CHARLES C. WILSON, Professor of Health and Physical Education, Teachers College, Columbia University; DONALD SLESINGER, Director, American Film Center; DR. ROYAL H. BURFEE, Program Secretary, William Sloane House, Young Men's Christian Association.

### Luncheon Session—12:30 P.M.

**Presiding:** DR. J. BURNS AMBERSON, JR., President, New York Tuberculosis and Health Association

#### Speakers

*Forging the Weapons of War*, DR. ROBERT C. CLOTHIER, President, Rutgers University

*The Program in Action*, REAR ADMIRAL ROSS T. McINTIRE (MC), Surgeon General U. S. Navy

*Award of Honorary Life Memberships* in the American Social Hygiene Association to JOHN D. ROCKEFELLER, JR., and CAPTAIN C. S. STEPHENSON

### Afternoon Sessions—3:15 P.M.

#### I. A Panel Discussion on Venereal Diseases

**Presiding:** DR. DAVID J. KALISKI, Chairman, Coordinating Council of the County Medical Societies; Syphilologist, Beth Israel Hospital

**Speakers:** DR. WILLIAM LEIFER, Instructor, Dermatology and Syphilology, New York University; DR. LOUIS C. JOHNSON, Professor of Clinical Medicine and Director of Clinical Laboratories, Long Island College Hospital; DR. JOHN F. MAHONEY, Senior Surgeon and Director, Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island, N. Y.; DR. ROBERT M. LEWIS, Associate Clinical Professor of Obstetrics and Gynecology, Yale University School of Medicine; and DR. ALFRED COHN, Gonococcus Research, New York City Department of Health

#### II. The U.S.O. Program and Social Hygiene

**Presiding:** MR. HARPER SIBLEY, President, United Service Organizations

**Speakers:** DR. JANET FOWLER NELSON, Program Supervisor, Social Hygiene and Family Relationships, U.S.O., Young Women's Christian Association; FRANK L. WEIL, President, National Jewish Welfare Board

**Discussion:** HON. JONAH J. GOLDSTEIN, Judge, Court of General Sessions; MISS SARAH IVINS, Director of Field Work Department, New York School of Social Work; GEORGE J. NELBACH, Executive Secretary, Committee on Tuberculosis and Public Health, State Charities Aid Association; LOUIS L. BENNETT, Regional Supervisor, Section on Social Protection, Federal Security Agency

### *III. Current Delinquency Problems*

**Presiding:** AUSTIN H. MACCORMICK, Executive Director, The Osborne Association

**Speakers:** COMMISSIONER EDWIN ASHLEY SALMON, Chairman, City Planning Commission; MRS. LEOPOLD K. SIMON, Chairman, Welfare Council Committee on the Woman Offender; PAUL BLANSHARD, Executive Director, Society for the Prevention of Crime

**Discussion:** MORRIS PLOSCOWE, Chief Clerk, Court of Special Sessions; DR. RALPH S. BANAY, Psychiatrist-in-Charge of Classification, Sing Sing Prison

### *IV. Youth Today and Tomorrow—A Challenge*

**Presiding:** PROF. JAY B. NASH, Professor of Education, New York University

**Speakers:** DR. CAROLINE B. ZACHARY, Director, Institute for the Study of Personality Development, Progressive Education Association; PROF. GEORGE P. MURDOCK, Chairman, Department of Anthropology, Yale University; DR. ABRAHAM LEFKOWITZ, Principal, Samuel J. Tilden High School

**Discussion:** DR. GEORGE S. STEVENSON, Medical Director, National Committee for Mental Hygiene; DR. HOLGER F. KILANDER, Dean and Professor of Health Education, Panzer College of Physical Education and Hygiene; KARL D. HESLEY, State Administrator, National Youth Administration for New York State, Federal Security Agency; DR. WILLIAM PAUL BROWN, Senior Supervisor, Health Service, State Department of Education

## MIDWESTERN CONFERENCE

*Time and place:* February 4, Gibson Hotel, Cincinnati. Attendance: 1,000.

*Local auspices:* Cincinnati Social Hygiene Society, 42 sponsoring agencies, and the Committee on Social Hygiene Day, with the following members: *Honorary Chairman*, Hon. John W. Bricker, Governor of Ohio; *Chairman*, Charles P. Taft, Assistant Director of Defense Health and Welfare Activities, Federal Security Agency; *Honorary Vice-Chairman*, Dr. R. H. Markwith, Director of Health, State of Ohio; *Vice-Chairman*, Dr. Carl A. Wilzbach, Commissioner of Health, Cincinnati, Ohio; *President*, Cincinnati Social Hygiene Society; *Secretary*, Roy E. Dickerson, Executive Secretary, Cincinnati Social Hygiene Society; and Mrs. G. T. Addison, Dr. Ada Hart Arlitt, Bolton Armstrong, W. F. Armstrong, Ferd Bader, Jr., Dr. C. J. Baldridge, Oscar Berman, Theodore M. Berry, Mrs. James M. Birrel, Judge Frank S. Bonham, C. M. Bookman, Fred Breyer, LeRoy Brooks, Alfred S. Brown, Ellsworth C. Bundy, Dr. Ann Buntin-Becker, Dr. Elizabeth Campbell, Mrs. Reber Cann, Homer Caswell, Mrs. E. R. Chapman, Dr. L. B. Chenoweth, Dr. H. L. Claassen, Dr. R. E. Clark, Mrs. Claude V. Courter, Miss Etta Creech, John M. Cronin, Otto Davis, Robert Davison, Tam Deering, Miss Louise De Montluzin, Dr. F. M. Deuschle, Dr. Stanley E. Dorst, Walter Eberle, John J. Emery, Dwight L. Fisher, Miss Ruth Fleming, Dr. A. N. Franzblau, Alfred J. Friedlander, Cecil H. Gamble, Dr. Otto P. Geier, Elmer Grischy, William S. Groom, E. R. Gwinner, Albert E. Heekin, Mrs. F. W. Heinold, Rabbi James G. Heller, Mrs. L. J. Hillhouse, Judge Charles W. Hoffman, Bishop Henry W. Hobson, Mrs. Eleanor Holmes, H. N. Hooper, Dr. Robert W. Hoyt, James M. Hutton, Dr. Charles Iliff, Mrs. Dean Johnston, Dr. William S. Keller, J. Harvey Kerns, Dr. Daniel J. Kindle, Wilfred Kleeman, Rev. R. S. Lambert, Daniel Laurence, Dr. Thomas LeBlanc, H. R. LeBlond, S. M. Lowry, Paul H. Luce, Brigadier Fred Malpass, Bleecker Marquette, Miss Mary E. McChristie, Dr. Arthur McCormack, Harvey Miller, Mrs. George Mills, Dr. E. W. Mitchell, Albert Morrill, Dr. Wm. Muhlbarg, Dr. W. T. Nelson, Dr. Harry V. Parzyek,

William Patterson, L. A. Pechstein, Julian Pollak, James Pottenger, Carl W. Rich, W. H. Richardson, Herbert Ritchie, J. G. Schmidlapp, Dr. Louis E. Schmidt, Dr. E. H. Schoenling, Col. C. O. Sherrill, Mrs. C. C. Shively, Wm. J. Shroder, Maurice J. Sievers, Dr. John Skavlem, Mrs. C. H. Smith, Dr. Parke G. Smith, Evans Stearns, Mrs. G. E. Stemler, Joseph S. Stern, J. B. Stewart, Hon. James Garfield Stewart, Mayor, George S. Strietmann, J. Harrison Stein, Mrs. Charles L. Thomas, Mrs. Derrick Vail, Monsignor R. Marcellus Wagner, Dr. Raymond Walters, Eugene T. Weatherly, and Charles F. Williams.

### Program

**Theme:** *Social Hygiene in War Time*

### Morning Session—9:30 A.M.

**Presiding:** DR. R. H. MARKWITZ, Director of Health, State of Ohio

### Speakers

*The Parents' Part in War Time*, AIMEE ZILLMER, Lecturer, Wisconsin State Board of Health; Social Hygiene Chairman, National Congress of Parents and Teachers

*Facing the Prostitution Problem*, DR. WALTER CLARKE, Executive Director, American Social Hygiene Association

**Discussants:** RIGHT REVEREND MONSIGNOR R. MARCELLUS WAGNER, Director, Catholic Charities of the Archdiocese of Cincinnati; IRVING K. FURST, Field Representative, Fifth Region, Section on Social Protection, Federal Security Agency; BERTHA ASHBY HESS, Lecturer, Mental-Social Hygiene, Ohio State Department of Health; DR. CARL A. WILZBACH, Commissioner of Health, Cincinnati, Ohio; President, Cincinnati Social Hygiene Society

### Luncheon Session—12:15 P.M.

*Award of Honorary Life Membership* in American Social Hygiene Association to ELIZABETH CAMPBELL, M.D., of Cincinnati. Presentation by DR. WILLIAM S. KELLER

### Speakers

*The War Time Attack Upon Syphilis and Gonorrhea*, DR. THOMAS PARRAN, Surgeon General, United States Public Health Service

*Combating Syphilis Among Industrial Workers in Cincinnati*, W. H. RICHARDSON, Chairman, The Cincinnati Industrial Committee for Control of Syphilis

**Discussants:** DR. JOHN W. FERREE, Health Officer, State of Indiana; ELEANOR HOLMES, Executive Secretary, Cincinnati Industrial Committee for Control of Syphilis

### Afternoon Session—3:00 P.M.

**Presiding:** DR. WILLIAM S. KELLER, Senior Surgeon, Reserve, United States Public Health Service, Medical Officer, Fifth Corps Area, Civilian Defense

### Speakers

*Community Measures for the Protection of Girls and Women*, KATHARINE LENROOT, Chief, Children's Bureau, United States Department of Labor

*Wanted—An Ounce of Prevention for Youth*, ROY E. DICKERSON, Executive Secretary, Cincinnati Social Hygiene Society; Associate Director for Educational Extension, American Institute of Family Relations.

**Discussants:** ELEANORE L. HUTZEL, Chief of Woman's Division, Detroit Police Department; REV. ROBERT S. LAMBERT, Rector, Calvary Church, Clifton, Cincinnati; President, Cincinnati Council of Churches.

### Reception and Tea—4:45 P.M.

Tendered to Members of the Conference by the Cincinnati Industrial Committee for Control of Syphilis and Cincinnati Social Hygiene Society.

## SOUTHEASTERN CONFERENCE

*Time and place:* February 4, George Washington Hotel, Jacksonville, Florida.

*Attendance:* 300. *Theme:* *Social Safety in War-Time and After.*

*Local auspices:* Florida State Board of Health; Venereal Disease Control Committee, Florida Medical Association; Florida State-Wide Public Health Committee; Health Committee, Duval County Council Parents and Teachers; Health Committee, Jacksonville Woman's Club.

*Platform guests:* K. K. Waering, M.D., Duval County Health Officer; W. W. Rogers, M.D., Director Communicable Disease Control, Jacksonville City Health Department; W. T. Gordon, President, Jacksonville City Council; P. M. Ulsch, Chairman, Jacksonville City Commission; P. M. Burroughs, Chairman, Duval County Budget Commission; Joseph F. Hammond, Chairman, Duval County Commissioners; W. Daniel Boyd, Superintendent, Duval County Schools; James T. Etheridge, Chairman, Duval County School Board; Rex Sweat, Sheriff, Duval County; H. A. Roberts, Chief of Police, Jacksonville; Hon. J. Turner Butler, State Senator; Hon. St. Elmo W. Acosta, Duval County Representative to 1941 Legislature; Hon. Charles E. Bennett, Duval County Representative to 1941 Legislature.

## Morning Session—10 A.M.

**Presiding:** MRS. WILLIS M. BALL, Health Chairman, Jacksonville Woman's Club, and Chairman, State Social Hygiene Committee.

**Invocation:** REV. WILLIAM F. DUNKLE, JR., Snyder Memorial Methodist Church.

**Welcomes:** HON. JOHN T. ALSOP, Mayor of Jacksonville; FRANCIS P. FLEMING, Co-Chairman, Duval County Medical Society; WILLIAM H. PICKETT, M.D., State Health Officer, and President, Florida Public Health Association; ERNEST B. MILAM, M.D., President, Duval County Medical Society; MRS. S. M. COPELAND, Chairman, Health Committee, Duval County Council Parents and Teachers; MRS. MALCOLM MCCLELLAN, Vice-President, Florida State-Wide Public Health Committee; MRS. DAVID E. BAIL, Chairman, Health Committee, Duval County Federation of Women's Clubs.

**Response:** EDWARD L. KEYES, M.D., Honorary President, American Social Hygiene Association.

## Speakers

*Prostitution and the War*, PHILIP S. BROUGHTON, Division of Information, Federal Security Agency, Washington

*Florida, Spearhead of the Nation*, L. C. GONZALEZ, M.D., Director, Division Venereal Disease Control, State Board of Health

*The Private Physician Speaks*, E. T. SELLERS, M.D., Chairman, Venereal Disease Control Committee, Florida Medical Association

**Discussion:** Led by MRS. JOHN R. PARKINSON, Chairman, Volusia County Public Health Committee.

## Luncheon Session—1 P.M.—Jacksonville Exchange Club

## Speaker

*Protect Your Armed Forces*, PERCY S. PELOUZE, M.D., Assistant Professor of Urology, University of Pennsylvania.

## Afternoon Session—2:30 P.M.

**Presiding:** T. Z. CASON, M.D., Member Executive Board, State-Wide Public Health Committee.

## Speakers

*Jacksonville Closes Ranks*, L. J. HANCHETT, M.D., Director, Jacksonville-Duval County Venereal Disease Demonstration Unit

*No Armistice for Disease*, LT. COMMANDER KARL KING, U.S.N.R., Southeastern Naval Air Station, Jacksonville

*Health Has Priority*, MAJOR C. B. WOODS, Camp Blanding

*Knowledge + Courage + Action = Success*, M. E. WINCHESTER, M.D., Director, Glynn-McIntosh-Camden County Health Department, Brunswick, Georgia

**Discussion:** Led by ERNEST B. MILAM, M.D.

#### Summary of Conference

DEAN WALTER J. MATHERLY, Chairman of the Conference, and President, Florida State-Wide Public Health Committee.

### SOUTHWESTERN CONFERENCE

*Time and place:* February 6, Biltmore Hotel, Oklahoma City, Oklahoma.

*Attendance:* 500. **Theme:** *How Government Agencies and Voluntary Groups Work Together to Protect the Armed Forces and Defense Industrial Workers from Syphilis and Gonorrhea.*

*Local auspices:* Oklahoma County Tuberculosis and Health Association, Oklahoma State Health Department and Oklahoma Committee on Social Hygiene Day, including: Chairman, L. M. Jones, Secretary; Arthur H. German, Executive Secretary, Oklahoma County Tuberculosis and Health Association; Hugh Payne, Oklahoma Public Health Association; Neal Sullivan, President, Oklahoma Social Welfare Association; Carl Puckett, M.D., Oklahoma Tuberculosis Association; Guy T. Gebhardt, Oklahoma Council of Churches; L. J. Moorman, M.D., President, Oklahoma County Tuberculosis and Health Association; G. F. Mathews, M.D., Commissioner, Oklahoma State Health Department; J. B. Harper, Director, Oklahoma Public Welfare Commission; Mrs. John A. Wadlin, President, Oklahoma Congress of Parents and Teachers; Clyde M. Howell, Oklahoma Education Association; Voyle Seurlock, Director, State Vocational Rehabilitation Service; Joe N. Hamilton, Oklahoma Commission for Crippled Children; Judge Clarence Mills, Oklahoma City Council of Social Welfare; General Robert U. Patterson, Dean, University of Oklahoma School of Medicine; R. H. Graham, Oklahoma State Medical Association; and Mrs. E. Lee Ozburn, President, Oklahoma Federation of Women's Clubs.

#### Program

##### Morning Session—9:30 A.M.

**Presiding:** G. F. MATHEWS, M.D., Commissioner, Oklahoma State Health Dept.

**Invocation:** RABBI JOSEPH BLATT. **Greetings:** MAYOR R. A. HEFNER.

#### Speakers

*How the Army Works to Protect Soldiers from Syphilis and Gonorrhea*, KNOX E. MILLER, Medical Director, U. S. Public Health Service: Liaison Officer, Eighth Corps Area, San Antonio, Texas

*General Disease Control in Industry*, G. H. GEHRMANN, M.D., Medical Director, E. I. duPont de Nemours & Company, Wilmington, Delaware

**Discussion:** PASSED ASSISTANT SURGEON LEROY E. BURNEY, District 7, U. S. Public Health Service; ANSON L. CLARK, M.D., Member, National Anti-Syphilis Committee, American Social Hygiene Association; J. G. TOWNSEND, Medical Director, Chief, Division of Industrial Hygiene, U. S. Public Health Service; J. J. BLOOMFIELD, Sanitary Engineer, Division of Industrial Hygiene, U. S. Public Health Service.

##### Luncheon Session—12:00 Noon

Chamber of Commerce Public Forum, Commerce Exchange Building

**Presiding:** GENERAL ROBERT U. PATTERSON, Dean, University of Oklahoma School of Medicine.

**Speakers**

*Individual Support of the Unified War Time Venereal Disease Control Program*, ASSISTANT SURGEON GENERAL R. A. VONDERLEHR, Venereal Disease Division, U. S. Public Health Service

*Facing the Prostitution Problem*, WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association

*Industrial Health and National Defense*, G. H. GEHRMANN, M.D., Medical Director, E. I. duPont de Nemours & Company, Wilmington, Delaware.

**Afternoon Session—2:30 P.M.**

**Presiding:** L. M. JONES.

**Speakers**

*The Place of Education in a Social Hygiene Program*, LESTER A. KIRKENDALL, Head, Division of Educational Guidance, University of Oklahoma

*The Community's Part in Protecting the Armed Forces and Defense Industrial Workers from Syphilis and Gonorrhea*, M. A. FELLHAUER, JR., Regional Supervisor, Section on Social Protection, Federal Security Agency, Kansas City, Missouri.

**Discussion:** EDITH JOHNSON, Editorial Staff, The Daily Oklahoman; LORRAINE B. KETCHUM, Assistant Director, Oklahoma Public Welfare Commission; ALICE SOWERS, Director, Oklahoma Family Life Institute, University of Oklahoma; MRS. EDYTH T. WALLACE, Home Counselor, The Oklahoma Publishing Company.

**NORTHWEST CONFERENCE**

*Time and place:* February 12, Multnomah Hotel, Portland, Oregon.

**Theme:** *Social Protection in War-Time and After.*

*Local auspices:* Division of Social Hygiene Education, University of Oregon Medical School, and Social Hygiene Day Committee, including:

Honorary Chairman, Governor Charles A. Sprague of Oregon; Chairman, Dr. Adolph Weinzirl, Director, Division of Social Hygiene Education, University of Oregon Medical School; Chairman, Committee on Arrangements, Mrs. George Moorhead, Executive Secretary Marion County Public Health Association; Hon. Earl Riley, Mayor of Portland; Hon. Fred Peterson, Commissioner, Department of Public Affairs, Portland; Dr. Wells Baum, President, Oregon State Medical Society; Del Nickerson, Executive Secretary, Oregon State Federation of Labor; Ralph Peoples, Secretary, Oregon State Industrial Union Council, C.I.O.; Dr. T. L. Meador, Health Officer, City of Portland; Dr. Frederick D. Stricker, Secretary, State Board of Health of Oregon; Major General Horace Fuller, Commanding General 41st Division, U. S. Army, represented by Major Vern Miller; Rear Admiral C. S. Freeman, U. S. Navy, Commandant, 13th Naval District; Dr. Raymond B. Walker, Pastor, First Congregational Church, Portland; Dr. Verne D. Bain, Oregon State Department of Education; Hon. Donald E. Long, President, Oregon State Conference of Social Work; Dr. John Haskins, President, Oregon Mental Hygiene Association; Walter W. R. May, Portland General Electric Company; Jack Lynch, David Robinson.

*Program***Morning Session—9:30 A.M.**

**Subject:** *Social Protection in Wartime, with Special Reference to the Venereal Diseases*

**Presiding:** ADOLPH WEINZIRL, M.D.      **Greetings:** MAYOR EARL RILEY.

**Speakers**

*Health Protection—A Direct Attack on the Enemy*, DONALD G. EVANS, M.D., Director, Washington State Department of Health

*Law Enforcement—Driving the Enemy Out of Bounds*, ALAN CROFT BLANCHARD, Associate Regional Supervisor, Section on Social Protection, Federal Security Agency

*Recreation—Friend or Enemy*, DON T. ORPUT, Recreational Representative for Oregon and Columbia Area, Federal Security Agency

*Public Information—The Weapons Most Feared by the Enemy*, G. F. AMYOT, Esq., M.D., Provincial Health Officer for British Columbia

*Questions and Answers*, MRS. SAIDIE ORR DUNBAR, Executive Secretary, Oregon Tuberculosis Association

#### Luncheon Session—12:15 P.M.

**Presiding:** WALTER W. R. MAY.

##### Speakers

*Mapping Social Hygiene Education for Oregon*, ADOLPH WEINZIRL, M.D.

*Syphilis in Wartime*, WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association.

#### Afternoon Session—2:30 P.M.

**Subject:** *The Community Faces Its Problem.*

**Presiding:** REV. RAYMOND B. WALKER.

##### Speakers

*The Citizen*, MRS. T. W. DELZELL

*The Army*, MAJOR VERN MILLER, 41st Division, U. S. Army

*Industry*, WALTER W. R. MAY, Director of Public Relations, Portland General Electric Company

*Labor*, DEL NICKERSON, Executive Secretary, Oregon State Federation of Labor; and RALPH PEOPLES, Secretary, Oregon State Industrial Union Council, C.I.O.

*The Private Physician*, W. WELLS BAUM, M.D., President, Oregon State Medical Society

*The U. S. Public Health Service*, E. C. DRESCHER, M.D.

#### Evening Session—8:00 P.M.

Public Meeting at the Benson Polytechnic High School

**Presiding:** ADOLPH WEINZIRL, M.D.

##### Speakers

*Social Hygiene in Wartime—The Citizen's Part*, WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association

**Motion Picture Showings:** *With These Weapons*, *In Defense of the Nation*.

## SOCIAL HYGIENE DAY GREETINGS

As usual, a pleasant feature of Social Hygiene Day meetings was the exchange of friendly telegrams and other greetings between the state and community groups and the national Association. Some of them are given below:

America's united effort to keep strong and healthy in face of danger is being given added support by your meeting today. Greetings from the West.

W. F. HIGBY,  
San Francisco, Calif.

Appreciate leadership National Association. Greetings to you and Massachusetts Society.

H. H. HAZEN, M.D., *President* and R. H. EVERETT, *Secretary*,  
Social Hygiene Society of the District of Columbia  
Washington, D. C.

On eve of Southeastern Regional Conference on "*Social Safety in War and After*" it appears we will have record attendance. This region extends to the National Organization greetings on the occasion of its annual meeting.

WALTER J. MATHERLY, *Chairman*,  
Southeastern Regional Conference  
Jacksonville, Fla.

Our sincere good wishes for a successful annual meeting and conference. Regret we cannot be with you.

SOCIAL HYGIENE ASSOCIATION OF KENTUCKY  
Louisville, Ky.

We join you in spirit and purpose. Keep America Strong!

KANSAS CITY SOCIAL HYGIENE SOCIETY  
Kansas City, Mo.

Greetings from St. Louis. Success in great task for coming year.

HARRIET S. CORY, M.D., *Secretary*,  
Missouri Social Hygiene Association  
St. Louis, Mo.

Social Hygiene Committee New York Tuberculosis and Health Association and one hundred and fourteen cooperating and sponsoring public and voluntary agencies engaged in planning Annual Conference on Social Hygiene send you greetings. Tenth Annual Conference to be held tomorrow. Expect several thousand professional persons to attend. Carry on the good work, Boston.

Social Hygiene Committee  
J. A. GOLDBERG, *Secretary*,  
New York, N. Y.

Expect 150 representative Syracusans at local Social Hygiene Day luncheon Thursday. Greetings and best wishes for successful Boston meeting. American Social Hygiene Association leadership supplies essential vitamins for victory.

ONONDAGA HEALTH ASSOCIATION  
Syracuse, N. Y.

This brings to all of you who are gathering together in observation of the 6th National Social Hygiene Day our greetings.

MRS. H. C. WHITEHORNE, *President*  
Toledo, Ohio, Social Hygiene Council  
Toledo, Ohio

The Oklahoma Committee on Social Hygiene Day brings to all of you who are gathered together in observance of Sixth National Social Hygiene Day our greetings and our deep appreciation of your contribution to the vital task of keeping America strong for the great effort that lies before her.

L. M. JONES, *Chairman*  
Oklahoma City, Okla.

Philadelphia's committee pledges full support to Social Hygiene Program. Best wishes for successful meeting.

CHARLES KURTZHALZ  
Philadelphia, Pa.



## THE ANNUAL BUSINESS MEETING

In accordance with the official call issued in December, the Association's Twenty-ninth Annual Business Meeting was held at the Hotel Astor, New York City, on February 4, 1942, which was also the scene of the Tenth Annual Social Hygiene Day Conference under the auspices of the Social Hygiene Committee of the New York Tuberculosis Association. The Association's Secretary, Professor Maurice A. Bigelow, presided and presented the following letter as greetings from President Ray Lyman Wilbur, who was detained on the West Coast by Social Hygiene Day events there:

Stanford University, California  
January 26, 1942

*To the Members of the American Social Hygiene Association:*

This has been an important year in the life of the American Social Hygiene Association. Its officers have faced the responsibility of working with the officials of the United States government (particularly the Secretary of War, Secretary of the Navy and the Federal Security Administrator, including the Public Health Service) in preparing plans and putting them into operation to protect from contamination from venereal diseases the men brought into the armed services of the government. It is fortunate indeed that in Dr. Snow as General Director we had the man who had done much of the practical work back of the effective program adopted in the World War in 1917-18. With the cooperation of General Ireland working with General Pershing, a uniquely successful campaign was carried out then.

Through our Committee on National Defense Activities we have now gone far enough to feel confident that we can do much to develop far better conditions than would otherwise be possible. The financial program has been successful enough to permit of considerable margin in our work. By now it becomes clear that we will not only have a larger responsibility every month here in the United States, but we will have this responsibility spread to many parts of the world where our armed forces must inevitably go.

Our educational work among young people must be extended and spread over all our military services. Fundamentally, it is a problem of teaching self-management for no matter what is done by the authorities, only through this self-management of individuals can we help to secure that protection for American manhood, womanhood and childhood which is essential if we are to come out of this tragic situation with adequate strength to face all of the difficulties that will confront us.

Like most medical problems, we must deal with facts and realities as they exist and where they exist. We cannot stop with theories and declarations. We must try to see that sound preventive measures are not only discovered but are actually put into effect.

Very sincerely yours,

(Signed) RAY LYMAN WILBUR, M.D.  
President

*General Officers* were elected as follows on recommendation of the *Nominating Committee*:

*Honorary President*: Edward L. Keyes, M.D., New York

*President*: Ray Lyman Wilbur, M.D., California

*Vice-Presidents*:

John H. Stokes, M.D., Pennsylvania

Mrs. Chester C. Bolton, Ohio

Sewell L. Avery, Illinois

Frank H. Lahey, M.D., Massachusetts

*Secretary*: Maurice A. Bigelow, New York

*Treasurer*: Timothy N. Pfeiffer, New York

Members of the Board of Directors were elected as follows:

Rev. Arthur R. McKinstry, Delaware

Albert J. Chesley, M.D., Minnesota

Ross T. McIntire, M.D., Washington,  
D. C.

James C. Magee, M.D., Washington,  
D. C.

Alan Johnstone, South Carolina

Louis I. Dublin, New York

Thomas Parran, M.D., Washington,  
D. C.

Philip R. Mather, Massachusetts  
William F. Snow, M.D., New York

President Wilbur made the following appointments to the Association's standing committees for 1942:

*Committee on Credentials*: Ray H. Everett, *Chairman*, Washington, D. C.

Margaret Flynn, Kentucky

W. F. Higby, California

Harriet S. Cory, Missouri

Maurice A. Bigelow, New York

*Committee on Resolutions*: Hugh R. Dowling, *Chairman*, Maryland

Ralph E. Wager, Georgia

Mrs. S. W. Miller, Massachusetts

Mrs. Elwood Street, Virginia

Robert H. Bishop, Jr., M.D., Ohio

*Committee on Nominations*: Max J. Exner, M.D., *Chairman*, New Jersey

Walter W. R. May, Oregon

W. C. Williams, M.D., Tennessee

John Sundwall, M.D., Michigan

Alan Johnstone, South Carolina

The other committees were continued subject to subsequent revision or additions by the Board of Directors during the year.

*The Membership Corporations Report*: This report is prepared in accordance with the New York State law under which the Association is incorporated as a non-profit membership corporation. As presented and approved in detail at the Business Meeting, the report may be summarized for the year ending December 31, 1941, as follows:

Number of new members acquired during the year.....	3,568
Inventory of personal property at close of year (cash and accounts receivable) .....	\$ 36,293.34
Amount acquired during the year.....	193,770.47
Amount applied, appropriated or expended during year.....	185,673.15

These figures also cover in summary the report of the Association's Treasurer, Timothy N. Pfeiffer, and the auditor, Frederick Fischer. Details of income, expense and general finances appear as of December 31, as follows:

**INCOME—January 1 to December 31, 1941**

Contributions .....	\$165,438.51
Membership dues and subscriptions to Journal of Social Hygiene .....	5,680.81
Income from books, pamphlets, films, exhibits and other materials .....	22,648.41
Miscellaneous income .....	2.74

*Total Income 1941*

\$193,770.47

**EXPENSE—January 1 to December 31, 1941**

Public Information and Extension.....	\$ 16,786.54
Legal and Protective Activities.....	5,441.10
Medical and Public Health Activities.....	8,838.81
National Education Committee Activities.....	6,002.02
Executive Committee Activities.....	2,995.93
Membership Committee Activities.....	1,102.68
National Anti-Syphilis Committee—including financial campaign .....	31,097.75
General Field Service.....	25,934.63
Publications: Journal of Social Hygiene, Social Hygiene News, books, pamphlets, films, exhibits..	27,222.94
Special Projects: Social Hygiene Day, Youth Service, Annual Meeting, Special Studies of prostitution and quackery, Cooperation with Pharmacists, Industrial groups, and Health Authorities, and miscellaneous .....	60,250.75

*Total Expense 1941*

185,673.15\*

MARGIN OF INCOME OVER EXPENSES FOR 1941..... \$ 8,097.32

**ASSETS:**

<i>Special Funds</i> —William Freeman Snow Medal Fund	\$ 239.98
<i>General Funds</i>	
Cash for general purposes including revolving funds and petty cash.....	26,969.40
Cash held for state and community projects with Anti-Syphilis Committees.....	577.06
Advances to staff for travel.....	2,234.10
Prepaid expense .....	1,000.00
Accounts receivable for publications and services	5,150.30
Securities—10 shares Boston Wharf Company stock—estimated value as of December 31st, 1941	122.50

*Total Assets* \$ 36,293.34

**LIABILITIES:**

Due Anti-Syphilis Committees for state and community projects.....	\$ 577.06
Accounts payable for printing materials and special expense Social Hygiene Day	10,024.91

*Total Liabilities*

\$ 10,601.97

NET WORTH—December 31, 1941..... \$ 25,691.37

\* In carrying out the program of the Association, various cooperative project activities were carried on during the year under arrangements which permitted direct payment of \$26,090.56 from funds of other agencies in addition to the total of \$185,673.15 expended by the Association from its Treasury in 1941.

## PROGRAM FOR 1942

The reports and recommendations regarding the program for 1942, discussed at the Annual Meeting sessions may be summed up as follows—When President Roosevelt declared a limited emergency in 1939, the American Social Hygiene Association was among the first organizations whose aid was sought in meeting the added social hygiene problems which inevitably arise out of the mobilization of armed and industrial manpower. The declaration of war on December 8, 1941, and the acceleration of national effort since then necessarily focussed the Association program more sharply than before on these problems. As in 1917, for the duration of the present war every resource of staff and facilities, under the direction of the Board of Directors and Executive Committee with approval of their members, will be made available for the task of winning the war.

This is reflected especially in the volume of activity and detail flowing through the liaison office in Washington, where it has been necessary to assign additional staff members to work with national official and voluntary agencies, and in the increased demands for field services and consultation. We must be prepared to see the pace and the quantity of these activities increase as the war effort progresses. As Dr. Wilbur says in his letter on page 165: "It becomes clear that we will not only have a larger responsibility every month here in the United States, but we will undoubtedly have requests from many parts of the world where our armed forces must inevitably go."

Alternative plans made well in advance are constantly necessary to enable our limited staff to be assigned to the best advantage and to carry the load without breaking under its weight. And while we square off to the urgent, immediate problems of the war emergency, we must never lose sight of the far horizon and the long-range program for the continued building of sound family life after the emergency has passed. As we have often said before, education for human relations is an important part of the job today, and must not be lost sight of during war times. It will be important long after syphilis and gonorrhea have been conquered, and prostitution has been put out of business.

Recognizing that adjustments and concessions may be necessary during the year, it is proposed to continue the four main divisions of work heretofore set up as channels through which the national program reaches the states and communities:

*Public Information and Extension*  
*Legal and Protective Activities*

*Medical and Public Health Activities*  
*Education and Home Training, for*  
*Marriage and Family Life*

These major groups of activities correlated with recreation, industrial, army and navy special activities spread across the entire war picture, with certain areas such as cantonment areas and war industry communities selected for special effort.

To carry out this program for 1942, including continuance of essential long-range activities and special war activities, the Executive Director has recommended budget estimates totaling \$325,000; and the Board has approved a minimum budget of \$200,000, plus \$25,000 for books, pamphlets, films and exhibits to be developed and distributed on a self-supporting basis, and \$100,000 additional for special War emergency activities to be carried out to the extent that supplemental funds become available.

## BUDGET FOR 1942

The Budget for 1942: Summarized, the budget approved for the year 1942, includes the following principal items—

### A. GENERAL BUDGET..... \$200,000

#### 1. Public Information and Extension

Service to state, community and special groups in developing social hygiene activities, organizing new societies and committees, training personnel, arranging special meetings and conferences; publication of the Journal of Social Hygiene, Social Hygiene News, special pamphlets, reprints, films, exhibits, production of publicity materials; and conduct of general informational service . . . . . \$ 31,352.57

#### 2. Legal and Protective Activities

Advice to groups seeking improvement in laws and ordinances and their enforcement during the year, and preparing for such activities in 1943; promotion of community protective measures to safeguard youth; aid to states and communities generally in studying and combating the "rackets" of commercialized prostitution and quackery, especially in the vicinity of Army camps, Naval bases and in war industry areas . . . . . 13,374.80

#### 3. Medical and Public Health Activities

Clearing house service to health authorities and the medical profession, to nurses and medical social workers, on new methods and materials in the campaigns against syphilis and gonorrhea; advisory service to agencies concerned with assisting infected persons to seek and find reliable medical aid; promotion of community understanding and support of adequate facilities and services for these purposes. . . . . 14,634.80

#### 4. Education and Home Training for Marriage and Family Life

Consultation and correspondence with parents, teachers, church leaders, and physicians on sound sex education and hygiene; cooperation with these and other agencies in developing practical plans for the preparation and training of youth for marriage and parenthood; promotion of state, church, and community participation in protection of marriage and family life; development of the National Education Committee and studies of human relations education . . . . . 7,234.06

**5. Field Services**

Maintenance of national and regional activities and offices in different parts of the country, in cooperation with state and local social hygiene societies, to provide consultation and advisory service for community groups; lecture and conference field schedules in the four divisions of work; special field work in selected areas, especially in relation to the war effort 32,547.10

**6. Special Activities of Committees**

Finance Committee program and related National Anti-Syphilis Committee activities; Executive Committee studies and administration; Committee on National Defense and War Activities studies; Membership Committee activities; other standing and special committee activities, and cooperation with official and voluntary agencies in promoting social hygiene work and support..... 39,224.67

**7. Special Projects**

Field studies of prostitution conditions in states and communities; special services to youth; Seventh National Social Hygiene Day and regional conferences; special service to industry; studies of methods of public education and training of personnel; and various other projects..... 61,632.00

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\$200,000.00

**B. PUBLICATIONS SERVICE BUDGET..... 25,000**

Stock books, pamphlets, films, exhibits and other materials

**C. SPECIAL WAR EMERGENCY EXPENSE..... \$100,000**


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Total Estimated Budget Needs for 1942..... \$325,000

**COMMITTEE REPORTS***The Finance Committee (Philip R. Mather, Chairman)*

In accordance with the Association's usual procedure, the Finance Committee presented a report for examination and approval of the membership at the business session of the Annual Meeting. The report included:

1. *The Report of the Treasurer* for the year ending December 31, 1941. Mr. Pfeiffer, as Treasurer, submitted in brief summary the records of income and expense for the year, with such comments as have been deemed necessary.
2. *The Auditor's Report* for the year 1941. Mr. Frederick Fischer, the Auditor, carried on the usual progressive audit during the year and presented an annual report based on his final examination of the accounting records, checks, requisitions, receipts, bank receipts, deposits and balances, inventories, and related data.

3. *The Annual Membership Corporation Report.* The report, in accordance with the By-laws and the New York State law governing non-profit membership corporations, was prepared in customary form for signature by the members of the Board of Directors.

The following excerpt from Mr. Mather's statement for the Finance Committee, will be of particular interest to the members—

December, 1941, returns began fast, tapered off sharply following December 7, but recovered sufficiently to make the month a good one and the year's totals far and away the best yet. Totals for December were 804 gifts for \$23,923.96 and grand totals for 1941 were 5,998 gifts and \$160,495.76. These totals, compared with the campaign's best previous year, 1940 (4,129 gifts and \$136,656.93), represent gains of 1,869 gifts and \$23,838.83—or 45% in numbers and 17% in amount.

A more detailed breakdown shows that in numbers, gifts in excess of \$100 increased slightly—the large gains coming chiefly in the range of less than \$100. In amounts the same thing holds true—over \$16,000 of the \$23,000 gain comes in the range of less than \$100 gifts.

This is an encouraging situation, since for the “long pull” the Association needs primarily a broad base and solid foundation of modest annual gifts.

What even the immediate future holds for this campaign or any campaign like it, is anybody's guess. We can only hope that increased awareness of the danger of the spread of venereal disease during this critical period will offset preoccupation with more tangible war needs, campaigns for huge sums by such organizations as the Red Cross, and constantly increasing taxes.

The campaign staff reports that it will continue to be optimistic until and if forced by concrete circumstances to change its point of view. While recognizing the added obstacles it must face in 1942, it feels that the public will continue to respond to American Social Hygiene Association appeals because of a more widespread appreciation of the need for an all-out fight to prevent venereal diseases from sabotaging our war efforts.

January, 1942, results were encouraging and seem to bear out that optimism. In spite of deferring until February several localized campaigns which under ordinary circumstances would have been held in January, in order to avoid conflict with the Red Cross and Infantile Paralysis campaigns, the totals were 5 gifts and \$4,315.08 over January, 1941.

February mailings are lining up well and should, barring unforeseen catastrophies, be at least as good as February, 1941.

*The Committee on Credentials* (RAY H. EVERETT, *Chairman*)

In accordance with the procedure prescribed for annual meetings of the membership of the Association, the Committee certifies that

there is present a quorum of qualified members, and that the presiding officer may call the meeting to order for the purposes of this 1942 annual meeting.

As in past years, the members of this Committee have also served during the year on the Membership Committee of the Association. At this time, therefore, we desire to make the following statement regarding the membership of the Association and the activities of this Committee.

During the year 1941 there have been added 3,568 new members. Of these—

New Society members provide.....	2
New Library members provide.....	116
New Individual members provide.....	3,450
Total new members	3,568

Contributors who accepted membership make up 3,216 of the individual members, the remaining 352 being persons who applied directly for membership. The total membership as of December 31st, 1941 was 14,321.

Sampling of the membership data in respect to age, occupation, residence, and participation in local social hygiene activities emphasizes and justifies repetition of the Committee's recommendation at past annual meetings that every effort again be made to enlarge the number and geographic distribution of members and to make every endeavor to secure as many young members as possible.

The Committee desires again to call attention to its belief that a nation-wide active membership is a valuable source of information upon state and community conditions and social hygiene programs. During this year, again, with national defense activities so urgently demanding assistance and cooperation from the Association, and its state and local affiliates, a rapidly increasing and well-informed membership is vitally important.

#### *The Committee on Resolutions* (HUGH H. DOWLING, *Chairman*)

The Committee on Resolutions, functioning in accordance with the by-laws of the Association, presents the following for your consideration and action:

(1) RESOLVED: That all acts and proceedings of the Board of Directors, the Executive Committee, and the officers of this Association carried out since the last annual meeting of this Association on February 5, 1941, be, and the same are, hereby ratified, adopted and approved, and the same are hereby made the acts and proceedings of this Association at this meeting, such acts and proceedings to take effect as of the dates on which the acts and proceedings purport respectively to have been carried out.

(2) WHEREAS, by reason of treacherous, unprovoked assault, the United States is now at war with the Axis nations; and



WHEREAS, it is more than ever vital that all the armed forces and civilian forces of this country engaged in the war effort be surrounded with conditions insuring health, morale, and welfare; and

WHEREAS, since the start of the defense program in 1940, this Association has stood ready to lend all possible assistance to Federal, State, and local authorities in promoting such conditions;

THEREFORE, BE IT RESOLVED: That the American Social Hygiene Association pledge its continued cooperation and assistance to the proper Federal, State and local authorities in carrying out their programs to promote health, morale and welfare.

(3) WHEREAS, during 1941, this Association endorsed and urged upon Congress the passage of H. R. 2475—generally referred to as “the May Bill”—which among other provisions authorizes and directs the Secretary of War, the Secretary of the Navy and the Federal Security Administrator to take such steps as they deem necessary to suppress and prevent prostitution in designated areas adjacent to military or naval camps and other places; and

WHEREAS, H. R. 2475 was passed by Congress and was approved by the President on July 11, 1941;

THEREFORE, BE IT RESOLVED: That this Association recommends that the provisions of this Act (Public Law 163—77th Congress—Chapter 287—1st session) be now utilized in the manner which proves in practice most effective in achieving the objectives which led Congress and the President to approve it as a major facility for the repression of prostitution.

(4) WHEREAS, Pursuant to an agreement made in 1940, between various departments of the Federal Government, this Association was invited to aid in stimulation of public support for the measures outlined therein for control of venereal diseases in areas where armed forces or industrial workers are concentrated; and

WHEREAS, progress has been made along all the lines of activity planned under the terms of the agreement; and an Interdepartmental Venereal Disease Committee has been set up, with participation by this Association, to promote correlation and coordination of activities in this field at the Federal, State and local levels;

THEREFORE, BE IT RESOLVED: That the American Social Hygiene Association extend its full cooperation to the Interdepartmental Venereal Disease Committee.

(5) WHEREAS, in the Federal Budget for the fiscal year beginning July 1, 1942 and ending June 30, 1943, the President has recommended that the sum of \$8,180,000 be appropriated under pertinent provisions of the “Venereal Disease Control Act,” enacted by Congress in 1938; and

WHEREAS, a supplemental appropriation bill—H. R. 6548—has been introduced in Congress to provide \$2,500,000 as additional funds to be used during the remainder of the current fiscal year for the same general purposes;

THEREFORE, BE IT RESOLVED: That this Association give its support to the President's budgetary recommendation allocable to the "Venereal Disease Control Act" and to the supplemental appropriation provided for in H. R. 6548, and that Congress be asked to approve each of these appropriations. Editors note: Approval was given.

BE IT FURTHER RESOLVED: That this Association request the States to appropriate an aggregate amount at least equal to the aforesaid Federal appropriations, and that both the States and the Federal Government make adequate provisions to carry on the expanded work without curtailment after July 1, 1942.

(6) WHEREAS, in spite of tremendous efforts by official and voluntary agencies during the last war, the loss of time by soldiers from training and combat, due to syphilis and gonorrhea, was 6,804,818 man-days; and

WHEREAS, prostitution is the main spreader of these diseases to civilians as well as to the armed forces; and

WHEREAS, prostitution not only spreads disease but also corruption to the morals of youth, to the stability of marriage and family life, and to the integrity of government; and

WHEREAS, this country is again engaged in a life-and-death struggle for which the services of every trained man and woman are vital;

THEREFORE, BE IT RESOLVED: That this Association give its unqualified endorsement to all measures calculated to inculcate and maintain high standards of sex behavior, and to reduce prostitution and the spread of the venereal diseases, not only among the armed forces but also throughout the entire civilian population.

BE IT FURTHER RESOLVED: That the State legislatures meeting in 1942 be urged by this Association to adopt such laws as may be necessary to provide ample legal measures for suppression of prostitution and to provide funds for proper enforcement of such laws.

(7) WHEREAS, the nation-wide observance of *Sixth National Social Hygiene Day* on this date has been made successful largely through the efforts and cooperation of State and local social hygiene societies and of other organizations, professions and the public generally; and

WHEREAS, the scope and interest in observance of this *Sixth National Social Hygiene Day* reflects a greatly increased public response to the work done by the many groups and individuals cooperating with this Association;

THEREFORE, BE IT RESOLVED: That this Association, together with the Committee on National Defense Activities, renew thanks to all who have lent their assistance to the success of *Sixth National Social Hygiene Day*; and propose the continuance of this annual event.

BE IT FURTHER RESOLVED: That *National Social Hygiene Day* be continued in future years, and that Wednesday, February 3, 1943, be designated *Seventh National Social Hygiene Day*.

(8) WHEREAS, during the year, death has come to a number of outstanding leaders in the social hygiene field, among whom were—Mr. George Blumenthal, Mr. Arthur Curtiss James, Miss Julia Jaffray, Miss Jessamine Whitney, Dr. Loren B. Johnson, Mrs. Martha P. Falconer, Dr. J. N. Baker, Rt. Rev. William Lawrence, Miss Virginia M. Murray, Dr. J. Rosslyn Earp, Mr. Frank S. Cunningham, Mr. Charles H. Schweppe, Mr. Isaac Adler, Dr. Minot Simons, Dr. Fred Moore, Dr. Kenneth D. Blackfan, Mr. A. D. McDonald, Mrs. Robert Campbell Lawson, Mr. William Gibbs McAdoo;

BE IT RESOLVED: That the American Social Hygiene Association record at this time its profound sorrow at the loss of these friends and co-workers.

*The Committee on Awards* (EDWARD L. KEYES, *Chairman*)

The membership of the Committee on Awards for 1941 comprised: Dr. Edward L. Keyes, Chairman, Dr. Thomas Parran, General John J. Pershing, Mrs. Sybil Neville-Rolfe, Dr. William F. Snow.

In selecting the recipient of the Snow Medal for Distinguished Service to Humanity and in awarding honorary life memberships, the Committee has had in mind the entrance of the United States into the second World War. Important pioneer contributions were made during the first World War to the solution of social hygiene problems in education, control of the venereal diseases, law enforcement against prostitution, and social protection and rehabilitation of women and young persons. The Committee believes that it is important at this time to stimulate those in authority to review and consider the adaptation of many practical procedures which yielded notable results at that time. It is believed that the selections made will help accomplish this purpose through reference to the work and leadership of some of those who were responsible for outstanding services in behalf of the social hygiene activities of that period.

The Committee decided that the medal should be awarded for the year 1942 to Frederick Fuller Russell, and asked General Ireland to make the presentation. (See pages 135-143.)

The Committee decided to award honorary life memberships on the occasion of the Sixth National Social Hygiene Day to six leaders in the social hygiene movement who have all been pioneers and were all active in the first World War period, and have continued to render great service in behalf of this field of activity during the intervening years. Those selected for these awards are: John D. Rockefeller, Jr., Bascom Johnson, Claude C. Pierce, Elizabeth Campbell, Joseph R. Phelps, Charles S. Stephenson.

The Committee attaches to this report the brief citations relating to these recipients (see pages 144-154); and understands that in due

course, the Editor of the Journal of Social Hygiene will prepare a statement regarding the presentation and acceptance of these awards at the several regional conferences.

Under the rules governing this Committee, its membership for the year 1942 will comprise Dr. Edward L. Keyes, Chairman, Dr. Thomas Parran, General John J. Pershing, Mrs. Sybil Neville-Rolfe, and Dr. Frederick F. Russell.

In conclusion, the Committee wishes to acknowledge special indebtedness to Mrs. Gertrude R. Luce, who as Assistant Secretary of the Association, has served as secretary to the Committee, to Miss Jean B. Pinney, Editor of the Journal of Social Hygiene, to Miss Reba Rayburn, Editorial Assistant, and Mr. Lewis F. White, President of the L. F. White Printing Company who prepared the citations for distribution.

*The Committee on National Defense Activities* (PHILIP R. MATHER, Chairman)

Since its last report, this Committee has continued to represent the Association in conferences and studies of plans for coordination and correlation of activities for venereal disease control and social protection.

In the past year, the United States Public Health Service has done excellent work and has expanded its personnel and efforts to deal with venereal disease problems and related environmental conditions wherever military and naval establishments have been located and concentrations of industrial defense workers have become necessary. In this same period, the Section on Social Protection has been built up under the direction of Governor McNutt and Mr. Charles P. Taft, the Assistant Director of Defense Health and Welfare Services. It will be recalled that Mr. Johnson of the Association's staff was loaned to the Government for some months to organize this new section, whose work has been continued and expanded under the immediate direction of Mr. Eliot Ness, the Director of Public Safety in Cleveland. The members of the Committee have kept in close touch with officers of both these administrative units of the Federal Security Agency.

All the members of this Committee have taken part in conferences and appointments with the Secretaries of War and Navy and their ranking staff officers. As a result of these meetings and conferences, it is possible to assure the Board of Directors and members of the Association that the work of the Association has been closely correlated in its field with the work of the Federal Government.

Similarly, members of the Committee or of the staff have kept in touch with other national voluntary groups such as the United Service Organizations, member organizations of the National Health Council, and the National Social Work Council, the American Medical Association, and other professional, welfare and church agencies.

The Committee takes satisfaction in reporting that there has recently been set up in Washington an Interdepartmental Venereal

Disease Committee, comprising two members each from the Army, the Navy, and the Federal Security Agency, with one representative each from the United States Department of Justice and the American Social Hygiene Association. This Committee reports directly to the Secretaries of War and Navy, and the Federal Security Administrator, and is expected to serve in a technical advisory capacity to these three Federal officers named in the May Act, with special reference to problems relating to venereal diseases and social protection.

The Committee has been interested in participation of the Association in certain training courses: (1) an orientation course set up for selected state and local health officers, public health nurses, and sanitary engineers who are sent to Washington for instruction; (2) a similar course for officers assigned to military police duty from the nine corps areas of the Army, who are ordered in to Washington for instruction under the direction of the Provost Marshal General. In connection with instruction in both these courses, officers and staff members of the Association have been invited to participate. A third instruction course for selected civilian police officers is in process of evolution under the auspices of the International Police Chiefs Association, and when this plan crystallizes, the Association is expected to participate in the instruction.

The Committee believes that the members of the Association will be interested to hear the content of the recent communication on "moral conditions in the vicinity of Army camps and stations" sent by the Provost Marshal General of the Army to all provost marshals of camps, posts and stations and commanding officers of military police battalions.

While you have had presented to you by the Executive Director summaries of the varied activities of the Association, the Committee desires to emphasize the extent and importance of the investigation studies which number more than 435 in the past sixteen months. Copies of these reports on prostitution and related conditions have been depended upon by all the departments of the Federal Government concerned, and have been of equal significance in the considerations of the states and communities involved. A spot map and assignment area summary have been prepared to show graphically the distribution and volume of these activities.

The Committee has given some attention to Congressional legislation and appropriations, and to state legislation, particularly to amending or supplementing existing prostitution laws. In the matter of appropriations, the Committee expects that the Congress will appropriate \$8,180,000 for what may be called the established program. This is an increase over the appropriation for the current year which was \$6,250,000. In addition, the Committee expects that the Congress will appropriate a supplemental sum of \$2,500,000 recommended by the President. The Committee does not have any specific Congressional legislation in mind which requires study and consideration unless it becomes necessary to amend in some way the May Act, or to supplement it by additional measures.

# A YEAR OF NATIONAL DEFENSE ACTIVITIES

## CONDENSED REPORT FOR 1941

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

It was recognized even before the declaration of the limited national emergency that in all probability the problems of prostitution would again become conspicuous as the nation prepared for defense and possibly for war. Our specific national defense activities, started in 1939, increased in 1940, were still further enlarged in 1941.

### *Law Enforcement Activities*

The Association's studies of prostitution conditions in communities in or near which armed forces or defense industries are concentrated have been of acknowledged value to the War and Navy Departments and the Federal Security Agency.

Number of studies of importance to Military Areas:

made in 1939: 20; 1940: 86; 1941: 425.

Reports of these studies to a total number of 531 gave authoritative information regarding prostitution and related activities to the Army, the Navy, the Public Health Service, and since its establishment, to the Social Protection Section of the Office of Defense Health and Welfare Services, and also to state and local health and law enforcement officers.

Legal and medical consultants followed up these studies in many communities where dangerous conditions existed. Serving in this capacity during the first half of 1941, Doctor Snow, Doctor Storey, Mr. Johnson, Mr. Dickerson, Mr. Bracken and Mr. Gould were almost constantly in the field, advising and aiding local and state officials.

In March, 1941, the Division of Social Protection \* was established in the Federal Security Agency. Mr. Bascom Johnson of the Association's staff was loaned to organize the Division and as Director, to launch its program for repression of prostitution and establishment of social protection measures. Two legal consultants of the Association were assigned to the Division of which Mr. Johnson was Director until September, 1941, when he was recalled to the Association's staff.

Through the joint efforts of the Association and affiliated agencies and several Federal agencies, the May Act was passed by Congress and signed by the President on July 11, 1941. This Act gives the

\* Now the Social Protection Section.

Secretaries of War and the Navy power to create zones about Army or Navy establishments within which zones the practice of prostitution or aiding or abetting such practice becomes a Federal offense, and thereafter, in addition to the activities of the Department of Justice, authorizes and directs the Secretaries of War, Navy, and Federal Security Administrator to take such steps as they deem necessary.

The result of these and other activities by the Association, the Division of Social Protection, the United States Public Health Service, the Army and Navy and many local and state health and law enforcement officials has been a remarkable improvement in conditions in many communities adjacent to Army and Navy establishments. Though the May Act was not formally invoked during 1941, it has had a salutary effect. Many cities, large and small, which had flagrant prostitution conditions have instituted a policy of law enforcement, with marked diminution of opportunities for exposure to infection and lessening of demoralizing influences. Among the cities which have shown great improvement and whose officials and citizens are to be complimented are the following:

San Diego, California  
 San Francisco, California  
 Portland, Oregon  
 Tacoma, Washington  
 Seattle, Washington  
 Denver, Colorado  
 Salt Lake City, Utah  
 Ogden, Utah

San Antonio, Texas  
 El Paso, Texas  
 Galveston, Texas  
 Shreveport, Louisiana  
 Pensacola, Florida  
 Jacksonville, Florida  
 Indianapolis, Indiana

Toward the end of 1941, the Association renewed its suggestions to the Federal Security Agency, the War Department, the Navy Department, and the Office of Defense Health and Welfare Services that there should be established an Interdepartmental Committee to assure harmonious development of policies and activities in relation to the venereal diseases and to prostitution problems. Such a committee has now been set up and is functioning. Its membership comprises two representatives each from the Army, the Navy, and the Federal Security Agency, and in addition, one representative each from the Department of Justice and the American Social Hygiene Association.

Officers of the Association have rallied public opinion in many cities in support of officers responsible for law enforcement, advised with and aided Federal officers, and pointed out the legal and social mechanisms for law enforcement. Large quantities of informational material have been published and distributed. A popular talking picture *In Defense of the Nation* dealing with community protective measures and repression of prostitution has also been produced and distributed.

Especially noteworthy is the Association's service in preparing a *Digest of Laws Dealing with Prostitution and Other Sex Offenses*, which *Digest* has been supplied in manuscript form to the appropriate officers of the Federal Security Agency, and is now in process of printing.

Early in 1941, the Association published *So Long Boys—Take Care of Yourselves*, a special leaflet for men about to join the armed forces. Of this publication, 278,724 copies have been so far requested and distributed—evidence that it met a real need. The United States Navy has purchased, at cost, 30 copies of our sound motion picture films, and has distributed 2,500 copies of *Diagnosis and Treatment of the Venereal Diseases* (Circular Letter No. 18), which the Association contributed to aid Navy medical officers in keeping abreast of the modern diagnosis and treatment of venereal diseases. This publication was prepared by the Subcommittee on Venereal Diseases of the National Research Council, of which the Association's Executive Director is a member.

Small informal groups or specially interested persons, are cooperating in many of the cities, near Army and Navy establishments, to keep the Association informed of current developments and to serve as advisers regarding Association activities in such cities.

To these direct activities leading to substantial amelioration of local prostitution conditions should be added the general consultant activities of the Association's officers, especially the Committee on National Defense Activities consisting of Mr. Philip R. Mather, Mr. Sewell L. Avery, Major General Merritte W. Ireland, Doctor Fred T. Murphy, and Doctor William F. Snow; and of the Association's staff, which have aided the Federal government in considering and establishing policies and practices for the reduction of prostitution to a minimum, thereby minimizing the health and moral hazards encountered by the armed forces and industrial defense workers.

### *Industrial Activities*

Realizing that the health and efficiency of workers in defense industries are vital to a successful prosecution of the war effort, the Association has given aid to industries in protecting workers from syphilis and gonorrhea. Working closely with civil health authorities and industrial medical services, the Association's staff has encouraged the establishment of adequate diagnostic and educational case-finding procedures, adequate provision for treatment by private physicians, clinics, or industrial medical departments, and adequate instruction of workers in the avoidance and prevention of infection.

Staff members have visited 70 individual industries in 14 states. Methods of popular instruction of workers were demonstrated in 12 coal mine villages. Two special leaflets, *Vital to National Defense* for male workers, and *Calling All Women* for women workers, were written, published, and have been distributed to a total number of 311,618. Articles for the information of management or workers have been written and distributed to 600 industrial magazines, house organs, and labor periodicals.

A special study of syphilis as a cause of loss to industry is in progress. A questionnaire study has been made of the practice of large industry with regard to the examination of workers for syphilis and the disposition of discovered cases. This study reveals an



encouraging picture of present-day industrial medical practice and trends. Over half of 200 large industries include a blood test for syphilis as a part of pre-employment medical examination. More than half employ infected workers in the absence of infectious lesions or medical disability. Many engage in educational activities for the benefit of personnel.

The Association, during 1941, pressed especially the value of instruction of workers and has set up two educational demonstrations (one in a Kentucky mining area, the other in a California airplane industry) in addition to its widespread general cooperation with labor organizations, industrial management, and health authorities.

#### *Cooperation with Pharmacists*

The activities of the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association have included preparation and distribution of a leaflet entitled *A Tip from Your Pharmacist*, especially devised to meet the problem of pharmacists when asked for information regarding syphilis or gonorrhea. A test of this leaflet is in progress in Virginia, Maryland, New Jersey and New York, in cooperation with the respective state pharmaceutical associations. To date 89,836 copies have been distributed by pharmacists. The Association has participated in state and national meetings of the pharmaceutical profession; has distributed eight releases to 33 pharmaceutical publications; and prepared eight special articles for various pharmacy journals. Through the efforts of the Joint Committee, the American Social Hygiene Association serving as secretariat, all state pharmaceutical associations have set up special committees on venereal disease or have designated members to act as such, and all have adopted strong resolutions asserting their desire to cooperate in the prevention and control of syphilis and gonorrhea. The Committee's efforts have brought pharmacists and health authorities together in fruitful cooperation in educational activities in which the drug stores serve as a center for distribution of popular instruction material and of advice as to the sources of correct diagnosis and treatment.

The Joint Committee has investigated various problems referred to it by the Association, and has provided authoritative information.

#### *General Activities*

Two new sound films were produced by the Association during 1941. *In Defense of the Nation*, mentioned above, and *Plain Facts*, a straightforward presentation of facts about syphilis. *Con Estas Armas*, a Spanish version of our sound film *With These Weapons, the Story of Syphilis*, was produced and is being well received and widely distributed in Latin America. A third film *Health is a Victory*, dealing with gonorrhea went into production in December, 1941, and will be ready for distribution in February, 1942.

In the field of legislation, in addition to the May Act already mentioned, the Association supported Congressional action to appropriate \$6,250,000 to the United States Public Health Service for use by the

states and territories in combating venereal disease, supplied information which citizens used to obtain passage of prenatal examination laws in seven states and premarital examination laws in six states.\*

Fifth National Social Hygiene Day, February 5, 1941, was promoted by the Association with five regional conferences and several thousand local meetings, and much press and radio publicity throughout the nation. A successful conference of executives of social hygiene societies was convened by the Association on October 11-12, 1941, in New York and Atlantic City.

The thirtieth anniversary of the discovery of salvarsan by Paul Ehrlich was celebrated in New York City on October 11th with the Honorable Frances P. Bolton presiding and Mrs. Paul Ehrlich the guest of honor, and a large audience of distinguished people in attendance. The proceedings were broadcast and given prominence in the daily press.

During 1941, four new social hygiene societies or committees joined the constantly growing national social hygiene movement, making a total of 145 organizations.

While national defense activities have claimed most of the Association's time and money, the program for sex education and training for family life has gone forward; the public demand for educational materials has been met and several new important publications have been issued.

An issue (November, 1941) of the *Journal of Social Hygiene* was sponsored by the National Education Committee on the subject *The Schools and Education for Family Life*. Another number (February, 1941) was given over to Professor Maurice A. Bigelow's report on a cooperative project between this Association and the United States Public Health Service. A reprint edition of this report entitled, *Health Education in Relation to Venereal Disease Control* was sent to members of the National Education Committee and also to a large number of educators throughout the country who assisted Professor Bigelow in obtaining necessary information for completion of the study. An outline prepared by Professor Bigelow was sent to members of the National Association of Biology Teachers, in order to supplement our data on what biology courses in high schools are contributing to social hygiene education. The interest and need of teachers, parents and youth groups regarding material of this type is indicated by the fact that about 40 per cent of pamphlets and about 90 per cent of books distributed in 1941 have dealt with the subject of sex education. Staff members have participated in many conferences on sex education or family relations.

Medical and public health activities in 1941 included a series of lectures by Doctor Walter Clarke at the Harvard School of Public Health, lectures by Doctor William F. Snow and Mr. Bascom John-

\* Total now 26 states with prenatal examination laws and 26 with premarital examination laws.

son to training classes conducted separately by the United States Public Health Service and by the Section on Social Protection of the Federal Security Agency, participation in the work of the National Research Council, addresses to medical association meetings, popular addresses on medical subjects, advisory service to health authorities and practitioners of medicine, the confidential medical advisory service to individuals seeking enlightenment on health matters in the field of social hygiene, and continuation of participation in research projects dealing with intravenous drip treatment of syphilis and gonorrhea. Considerable time was given to the development of a clinical research group studying lymphogranuloma venereum, and a report of this significant work will be published shortly.

The Association continued its membership in the National Health Council which provides unity of action, in appropriate fields, of all the important national voluntary health agencies, and the National Social Work Council representing the national voluntary social work agencies. These councils provide a mechanism for cooperation, consultation, and material assistance.

The United Service Organizations has given the Association support, and the Association has cooperated with the U.S.O. in its important morale-sustaining activities.

Cooperative projects were continued with:

1. The United States Public Health Service as follows:

- a. Prevention and Control of Syphilis and Gonorrhea in National Defense Industries, July 1, 1941 to June 30, 1942.
- b. Studies of Methods of Public Education and Training of Personnel, July 1, 1941 to June 30, 1942.
- c. Promotion of Cooperation with Pharmacists in Combating Venereal Diseases, July 1, 1941 to June 30, 1942.

2. The National Tuberculosis Association and Howard University dealing with health education in Negro colleges.

3. The Federal Council of Churches of Christ in America.

A grant of \$500 was made in 1941 to the Subcommittee on Venereal Diseases of the National Research Council to provide secretarial service.

### *Financial*

A gain of 45 per cent in number of contributions over the best previous year is especially gratifying and a clear indication of growing public awareness of the necessity for supporting the Association's activities. The National Anti-Syphilis Committee has more than justified its existence by giving invaluable service to the Association's money-raising program.

Total income in 1941.....	\$193,770.47
Total expense in 1941.....	185,673.15

The staff of the Association, consisting of 44 consultants, executives and field workers and clerks and secretaries, rendered service of high quality and were devoted to the Association's interests and its service to the nation. The accomplishments of the Association during 1941 would not have been possible except for this high morale and devotion to duty.

The statistical summary of the year's work is as follows:

Field work: 23 staff members visited 46 States and the District of Columbia, British Columbia, Puerto Rico and Hawaii—a total of 2,385 days of field work.

A liaison office was maintained in Washington, D. C., with Doctor Snow and Mrs. Luce and frequently other staff members working from this base.

Branch offices were maintained for the entire year in Chicago, Illinois with Doctor Bertha Shafer in charge, and in San Francisco, California with Mr. William F. Higby in charge. A branch office was maintained for the first four months of 1941 in New Orleans, with Mrs. William Haller, Jr., in charge.

Publications:	Distribution
Journal of Social Hygiene.....	27,848
Social Hygiene News.....	154,000
Pamphlets.....	1,341,243
Books.....	1,981

Films produced:	Films distributed:
<i>In Defense of the Nation</i>	Sold..... 301
<i>Plain Facts</i>	Rented..... 96
<i>Health is a Victory</i> (in production)	Given away..... 4

Publicity Releases: 125 distributed to about 7,000 newspapers, making a total of 20,800 releases.

Correspondence:	
Mail received.....	38,653 pieces
Mail sent.....	42,895 pieces

Local telephone calls made.....	11,418
Long distance telephone calls made.....	451
Telegrams sent.....	1,241

### To Members and Friends

The next three issues of the JOURNAL OF SOCIAL HYGIENE, April, May and June, will present *The Program in Action in the States and Communities*. This will be another in the series which started in November, 1940, on *Social Hygiene and National Defense* and which now, in keeping with current events, is continued as dealing with *Social Hygiene in Wartime*.

*The Program in Action in the States and Communities*, in addition to circulation in JOURNAL form among members and friends, will also be reprinted, with some additional helpful material, as *The Social Hygiene Yearbook for 1942* (price \$1.00 postpaid). A valuable feature in both JOURNAL and Yearbook editions will be the lists of social hygiene groups and cooperating agencies which will head each state narrative.

That we may estimate the number of copies needed, please let us know your needs as far as possible in advance of printing.

THE EDITORS

# Journal of Social Hygiene

Social Hygiene in Wartime. I.

The Program in Action in the States and Communities. Part I.

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*(Continued in May issue)*

Seventh National Social Hygiene Day  
February 3, 1943

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# Journal of Social Hygiene

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NO. 4

## Social Hygiene in Wartime. I. The Program in Action in the States and Communities. Part I.\*

*"From every quarter come evidences of our national concern for total physical and moral fitness . . . fitness for the freedom we cherish. . . . This job depends ultimately upon the people themselves and their moral fibre. . . . I, therefore, call for the united efforts of government—Federal, state and local—of business and industry, of the medical profession, of the schools, and of the churches; in short of all citizens. No one can doubt the objective, or fail to cooperate in the various programs once he understands them. This is one effort in which every man, woman and child can play his part and share in ultimate victory . . ."*

Franklin D. Roosevelt  
May 25, 1942

### EDITORIAL

As previously announced, this issue of the JOURNAL and the two following numbers undertake to present for our members and friends a summary of current events and progress on "the forty-eight fronts" and in the outlying territories of the nation. Realizing at the start that any such attempt of necessity must omit many interesting and important details which might come under the head of "information of aid to the enemy," that the redoubled problems of wartime leave to those struggling with them in the states and communities little time for reporting—and knowing well that compilation and publication would be a time-consuming and costly job, the Editors nevertheless considered

\* See also Part II, May issue, and Part III, June issue.

that the JOURNAL could perform no greater service at this time. The results, we believe, justify the effort, and judging by the comments received on previous reviews of this nature, the interchange of knowledge and the broad view provided will be of value to all concerned with the social hygiene campaign.

*The Program in Action in the States and Communities* is published as No. I in a new JOURNAL series on *Social Hygiene in Wartime*, which takes up where the previous series on *Social Hygiene and National Defense* left off in January, 1942, with a review of Army, Navy, Public Health Service and Social Protection Section activities, under the general title *The Federal Program in Action*.<sup>1</sup> Future numbers on various aspects of wartime social hygiene problems and programs are contemplated, as material becomes available for publication.

Like the early JOURNAL reports on social hygiene measures and methods developed during the First World War<sup>2</sup> . . . now proving of high importance as source material for the current program . . . all of this data is prepared and published with a double purpose: First, for immediate service in today's war emergency, and second, as a permanent record of American courage and perseverance in facing and fighting the venereal diseases and the prostitution racketeers during critical period in the nation's life, while at the same time keeping up the long-range educational and community programs which must sustain national health and morale when the war is over.

<sup>1</sup> The series on *Social Hygiene and National Defense* included: I. *Program of the American Social Hygiene Association, and State Activities*. (November, 1940). II. *A Community Program: A Symposium on Civilian Responsibility*. (December, 1940). III. *An Industrial Program*. (April, 1941). IV. *A Youth Program*. (May, 1941). V. *The Attack on Commercialized Prostitution*. (October, 1941). VI. *The Federal Program in Action*. (January, 1942). Most of these numbers may be secured from the American Social Hygiene Association, 1790 Broadway, New York City, for 35 cents each postpaid. Issues out of print may be found in many library collections.

<sup>2</sup> See *Readings and References on Social Hygiene in Wartime*, a chronological bibliography, reprinted from the JOURNAL OF SOCIAL HYGIENE, January, 1942, as Pub. No. A-447. American Social Hygiene Association. Single copies free on request.



## THE SOCIAL HYGIENE PROGRAM IN ACTION IN THE STATES AND COMMUNITIES

Four years ago, when the JOURNAL last undertook to present a summary of social hygiene activities carried on by state and community agencies and groups, health officials and social hygiene workers were just getting set on their marks for a new cross-country marathon against syphilis.\* With the recommendations of the memorable Conference on Venereal Disease Control Work called by the Surgeon General in December, 1936, as a goal—with press and public cheering from the side-lines and celebrating Social Hygiene Day—with sinews strengthened by increased funds available through the LaFollette-Bulwinkle Act and matching state appropriations, the track seemed clear for a spurt in health improvement which would break all records.

This flying start was fortunate, for only a little more than a year later it was apparent that all the available money, all the united effort, all the careful strategy that could be mustered, would be needed to cope with the doubled and redoubled social hygiene problems arising out of the national emergency. Social hygiene workers were among the first to be called to active duty, in September, 1939, and as the national defense effort swelled and finally burst into war, heavy and heavier have become the responsibilities of all concerned for prevention and control of venereal disease, for the repression of prostitution, for the protection of youth and the preservation of morale, and for the continuous public information and education program which is even more vital in war than in peacetime.

That these responsibilities are being met willingly, intelligently and effectively, is demonstrated many times in the pages which follow. The results are showing in more opportunities for "good times in good company" for young people, in cleanups of the prostitution racket and efforts to help restore its victims, in better care of those infected with syphilis and gonorrhea, and finally, in our Army and Navy, in lower venereal disease rates and so less loss of strength from this cause than in any mobilization in the nation's history. Most encouraging of all is the evident general faith that what is done now counts for the future as well as for the present, and the determination to "make it good."

Expressed in terms of the "eight point program on 48 fronts," some achievements and needs revealed may be briefed as follows:

\* See *Footnotes to Progress; a brief summary of recent social hygiene events in the states and communities, with notes on the present favorable outlook.* Compiled by Jean B. Pinney and Eleanor N. Shenehon, JOURNAL OF SOCIAL HYGIENE, May-June, 1938. Reprinted, with additional text, as the *Social Hygiene Yearbook*, 1938. 165 pages. 75 cents postpaid. American Social Hygiene Association, 1790 Broadway, New York, N. Y.

## Work Done

## Needed

## Community Organization.

By actual count, more agencies, groups and individuals are engaged in social hygiene work than ever before.

Many more leaders and voluntary groups especially in communities near camps, naval bases, and war industries.

## Public Information.

Through press, radio, and films, more people than ever before are learning the truth about syphilis and gonorrhea.

Still wider knowledge of how these diseases attack the nation's strength, how they may be avoided, how cured.

*Young people, chief victims, in armed forces or home town, need more help now!*

## Industry.

A growing number of employers protect the health of employees by helping them to discover syphilis and gonorrhea and secure prompt treatment.

For fifty-six million men and women in the national labor forces, knowledge of the facts and how they can help.

## Law Enforcement and Legislation.

Twenty-three states have lessened opportunity for exposure to venereal disease by adopting good laws for repression of prostitution.

Similar laws in the other twenty-five states and strong law enforcement to drive out the prostitution racketeers wherever they lurk.

*Law enforcement officials have closed red-light districts in over 300 communities.*

Twenty-six states protect marriage from syphilis by laws requiring premarital examinations. Twenty-six states require physicians to examine expectant mothers.

Premarital examination laws in twenty-two states, prenatal examination laws in twenty-two states, and revision of some existing laws.

*1943 is a legislative year in 44 states, and a number of special sessions are being called for 'war legislation.' The passage of other good laws and their observance should be encouraged, to protect Army and Navy personnel, the community and the family from the spread of syphilis and gonorrhea.*

## Social Protection.

A growing number of communities safeguard young people against "bad times in bad company," by providing "good times in good company," and endeavor to salvage victims of bad conditions.

More effective community action against unwholesome commercialized amusements and other unfortunate community or home conditions leading to delinquency.

*Greatly needed is wider recognition of the possibility of reclaiming women, girls and young men exploited by prostitution racketeers, and provision of suitable personnel and facilities for counsel and care.*

## Driving Out the Quacks and Charlatans.

Health officers, physicians, pharmacists, nurses, social workers and other trained persons are making fine progress.

More trained workers who can give sound medical and social advice to sufferers from syphilis and gonorrhea.

*Guidance is especially needed for girls who become infected or pregnant because of abnormal and disturbed conditions brought about by the war emergency.*

## Training for Family Life.

Many parents, teachers, counselors, and church leaders try to see that sex education is given children and youth, with preparation for successful marriage, parenthood and family life through home training and formal education.

A general recognition that such training prepares also for good citizenship and national service, and many more trained persons capable of imparting such information in a wholesome, normal manner.

## Cooperation.

Among all concerned, there seems to be greater effort to avoid duplication of work—to join strength, to build together. Needed: For all and by all, the united effort for total physical and moral fitness for the freedom we cherish, recently called for by President Roosevelt.

## STATE AND COMMUNITY SUMMARIES

*Editor's Note:* The information given in the following pages has been gathered chiefly from statements furnished by the agencies whose activities are described. Where such statements were lacking, other sources have been drawn upon as available, including the Association's correspondence files, newspaper clippings and various published reports. In some cases, owing to lack of published information and pressure of other responsibilities, especially the war emergency, on state local agencies, omissions have been unavoidable, and it is hoped to remedy this later. The reader will also readily understand the necessity of omitting mention of army, navy, or war industry establishments by name or location, and of certain other information which must be guarded in wartime.

The lists of regional and state agencies and representatives appearing at the head of each state section are published with the approval of the national agencies with which they are connected. Most of these persons and organizations are cooperating in some way in their vicinities in the social hygiene program, and are in direct contact with the American Social Hygiene Association through correspondence or field work.

It is recognized that now, more than ever, changes are constantly occurring in the scene which it is here attempted to review, and that yearly elections, new appointments and expansion of program make constant revision necessary.\* The editors will greatly appreciate information of any kind which will assist in keeping this compendium as nearly up-to-date as possible, or any suggestions for its greater convenience or usefulness.

### ALABAMA

*Population*  
*Urban* 855,941  
*Rural* 1,977,020  


---

 2,832,961

*Population rank among states* 17  
*A.S.H.A. members in state* 53

#### Social Hygiene Societies and Committees

**Birmingham Social Hygiene Association:** *Executive Secretary*, Mrs. Warren Steidinger, Box 2591, Birmingham.

#### Other Voluntary Agencies

**Alabama Conference of Social Work:** *President*, Mrs. Florence Adams, Community Chest, Birmingham; *Secretary*, E. B. Bowman, Y.M.C.A., Mobile.

**Alabama Congress of Parents and Teachers:** *President*, Mrs. L. M. Lowrey, Thomaston; *Social Hygiene Chairman*, B. F. Austin, M.D., State Dept. of Health, Montgomery.

**Alabama Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. J. E. Jordan, 1100 Broadway, Sylacauga.

**Alabama Junior Chamber of Commerce:** *President*, Walter B. Mills, Jr., c/o Housing Authority, Huntsville.

**Alabama Nurses Association:** *Executive Secretary*, Mrs. Walter Bragg Smith, 625 S. Lawrence Street, Montgomery; *Chairman*, Public Health Nursing Section, Pearl Barclay, State Health Department, Montgomery.

**Alabama Tuberculosis Association:** *Executive Secretary*, K. W. Grimley, P. O. Box 1845, Birmingham.

**Alabama Woman's Christian Temperance Union:** Headquarters, 1223 Comer Bldg., Birmingham. *In charge*, Mrs. R. J. Gregg; *President*, Mrs. Cora McAdory, Auburn.

\*For example, since the agency lists were put in type, Army Corps Areas have come to be designated as Service Commands.

**American Legion:** *Department Adjutant*, D. Trotter Jones, P. O. Box 1069, Montgomery.

**Civitan International:** *District Governor*, Alabama-Mississippi District, Mark J. Williamson, Box 110, Albertville.

**Kiwanis International.\***

**Lions International.\***

**Medical Association of the State of Alabama:** *President*, H. B. Searcy, M.D., Tuscaloosa; *Secretary*, Douglas L. Cannon, M.D., 519 Dexter Avenue, Montgomery.

**Rotary International.\***

**United Service Organizations Region VII.** See Georgia.

### Official Agencies

**Alabama State Board of Health:** *Acting State Health Officer*, B. F. Austin, M.D., Montgomery; *Director*, Division of Venereal Disease Control, W. H. Y. Smith.

#### *Clinics or Cooperating Clinicians at:*

Abbeville, Ada, Albertville, Alexander City, Aliceville, Andalusia, Anniston, Ashland, Ashville, Athens, Atmore, Auburn, Autaugaville, Bay Minette, Bayou la Batre, Beatrice, Belmont, Bessemer, Birdine, Birmingham (4), Bleeker, Boligee, Brewton, Butler, Camden, Carrollton, Center, Centerville, Chatham, Cherokee, Childersburg, Citronelle, Clanton, Coffeeville, Columbiana, Courtland, Cullman, Dadeville, Decatur, Demopolis, Dothan, Double Springs, Elba, Enterprise, Eufala, Eutaw, Evergreen, Fairfax, Fairhope, Fayette, Florala, Florence, Forkland, Fort Payne, Fruitdale (2), Geiger, Geneva, Georgiana, Goodwater, Gordo, Greensboro, Greenville, Grove Hill, Haleyville, Hamilton, Hayneville, Headland, Heflin, Hobson City, Huntsville, Hurtsboro, Jacksonville, Jasper, Lanett, Leighton, Linden, Lineville, Livingston, Loachapoka, Luverne, Mentua, Maplesville, Marion, Midway, Millport, Minter, Mobile, Monroeville, Montevallo, Montgomery (4), Moulton, Moundville, Mt. Vernon, Mulberry, New Brocton, Oneonta, Opelika (2), Opp, Orville, Ozark, Pell City, Phenix City, Pittsview, Pleasant Ridge, Prattville, Prichard, Ragland, Reform, Repton, Roanoke, Rockford, Russellville, St. Clair, Scottsboro, Seale, Selma, Sheffield, Simsville, Springville, Stevens, Sulligent, Sweet Water, Sylacauga, Talladega, Tishaber, Troy, Tuscaloosa, Tuscumbia, Tuskegee, (Mobile 32), Union Springs, Uniontown, Uriah, Vincent, Wadley, Waverly, Wedowee, West Blocton, West Green, Wetumpka, York.

**Alabama State Defense Council:** *Executive Director*, Hayes Tucker, 712 Bell Bldg., Montgomery.

**Alabama State Department of Education:** *State Superintendent of Education*, A. H. Collins; *Supervisor of Physical and Health Education*, Jessie R. Garrison; *Director of Negro Education*, J. S. Lambert, Montgomery.

**Alabama State Department of Public Welfare:** *Commissioner*, Loula Dunn, Montgomery.

**National Youth Administration, Region VII:** See Georgia.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VII:** *Supervisor*, Arthur E. Fink; *Representatives*, Martin A. Fellhauer, Earle C. Lippincott, Fifth floor, Education Bldg., 517 N. 22nd Street, Birmingham.

**Social Security Board, Region VII:** *Director*, Richard H. Lyle, Chamber of Commerce Bldg., First Ave. and 19th St., Birmingham.

**U. S. Army, Fourth Corps Area:** See Georgia.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, P. O. Davis; *State Home Demonstration Leader*, Etna McGaugh; Alabama Polytechnic Institute, Auburn.

**U. S. Navy, Eighth District,** see Louisiana.

**U. S. Office of Education, Civilian Morale Service:** To receive material for War Information Centers: Mary E. Martin, Alabama Polytechnic Institute, Auburn; Dr. I. A. Derbigny, Tuskegee Institute; Donald E. Thompson, University of Alabama, University Station.

**U. S. Public Health Service:** *State Venereal Disease Control Consultant*, Assistant Surgeon Harold J. Magnuson, Alabama State Department of Health, Montgomery. For *District Director* and *Liaison Officer*, see Georgia.

**Work Projects Administration:** *Director*, Community Service Program, Mary Weber, 326 First National Bank Bldg., Montgomery.

\* See page 239 for national headquarters.

**Alabama State Health Department, Montgomery.**—Facilities for finding and treating cases of syphilis have been increased. There are now 148 clinics in operation in all of the 67 counties in Alabama. 22 counties have only 1 clinic and 45 have 2 or more clinics. We still need many rural clinics to adequately cover the state and these are being organized as rapidly as physicians can be trained to man them. The health department has established a complete program and 26 additional nurses to do venereal disease control work will be added to key counties as rapidly as these nurses can be trained.

The state and local pharmaceutical societies coöperate in the campaign against quackery.

Our newspapers and publications coöperate in the campaign against venereal diseases. Both radio stations, WCOV and WSFA in Montgomery, coöperate with the State Health Department in the venereal disease control program.

The talking slide film *For All Our Sakes* by the American Social Hygiene Association, the silent movie, *Let's Stamp Out Syphilis* and the talking movie, *Know For Sure*, are being used for education purposes in the state. A talking movie picture in color. *The Diagnosis and Treatment of Syphilis*, will be shown to medical societies.

Commercialized prostitution is prohibited by law in the State of Alabama and social protective agencies have been very active in assisting the local authorities repress commercialized prostitution. The church and family welfare groups actively support the enforcement of these laws. There are, however, no facilities available for rehabilitation of women and girls who have been engaged in prostitution.

There are many industrial plants engaged in the production of war materials in Alabama. Since every county has an organized health department, informational and coöperative activities are carried on by the local health departments. In many instances the workers are being blood-tested for syphilis and education is being carried on in regard to gonorrhea.

In counties containing an army camp prostitution is being repressed and the venereal disease program is being stepped up.

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During the past year Dr. Thomas A. Storey, Miss Eileen McGrath and Mr. Joseph L. Stenek of the A.S.H.A. staff have visited **Birmingham, Mobile, Montgomery, Childersburg, Margaret**, and other localities for conference with health officials and industrial groups.

## ARIZONA

<i>Population</i>	
Urban	173,981
Rural	325,280
	<hr/> 499,261

<i>Population rank among states</i>	44
<i>A.S.H.A. members in state</i>	11

*Social Hygiene Societies and Committees*

None.

*Other Voluntary Agencies*

- American Legion:** *Department Adjutant*, E. P. McDowell, 409 Arizona State Bldg., Phoenix, Arizona.
- Arizona Anti-Tuberculosis Association:** *Executive Secretary*, T. C. Cuvellier, 308 Heard Bldg., Phoenix.
- Arizona Conference of Social Work:** *Secretary*, Mrs. Christina F. Small, Maricopa County Board of Public Welfare, 221 East Adams St., Phoenix.
- Arizona Congress of Parents and Teachers:** *President*, Mrs. W. W. Sherwood, Box 295, Holbrook; *Social Hygiene Chairman*, W. Townsend, Ft. Grant.
- Arizona Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. E. S. Edmondson, Box 658, Nogales.
- Arizona Junior Chamber of Commerce:** *President*, Ralph Caldwell, 201 Orpheum Building, Phoenix.
- Arizona Nurses Association:** *Secretary*, Minnie C. Benson, 1620 Hedrick Drive, Tucson; *Chairman Public Health Nursing Section*, Mrs. Cecilia Gillespie, 1539 Sherry Lynn Drive, Phoenix.
- Arizona State Medical Association:** *President*, W. Paul Holbrook, M.D., Tucson; *Secretary*, William W. Watkins, M.D., 15 East Monroe Street, Phoenix.
- Arizona Woman's Christian Temperance Union:** *President*, Mrs. Mary Pulsifer, General Delivery, Prescott.
- Kiwanis International.\***
- Lions International.\***
- Rotary International.\***
- United Service Organization, Region XII:** See California.

*Official Agencies*

- Arizona State Board of Health:** *Superintendent of Public Health*, G. F. Manning, M.D., Phoenix; *Director*, Division of Venereal Disease Control, J. D. Dunshee, M.D. Clinics or Cooperating Clinicians at: Ajo, Bisbee, Buckeye, Douglas, Flagstaff, Phoenix (3), Prescott, Tucson, Winslow, Yuma.
- Arizona State Board of Public Welfare:** *Commissioner*, Harry H. Hill, P. O. Box 2260, Phoenix.
- Arizona State Defense Council:** *Coordinator*, Major General A. M. Tuthill, 307 Goodrich Bldg., Phoenix.
- Arizona State Department of Education:** *State Superintendent of Public Instruction*, E. D. Ring, Phoenix.
- National Youth Administration, Region XI:** See Colorado.
- Social Protection Section, Office of Defense Health and Welfare Services, Region XI:** See Colorado.
- U. S. Army, Eighth Corps Area:** See Texas.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, C. U. Pickrell, University of Arizona, Tucson; *State Home Demonstration Leader*, Jean M. Stewart, College of Agriculture, Tucson.
- U. S. Navy, Eleventh District:** See California.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, William H. Carlson, University of Arizona, Tucson.
- U. S. Public Health Service:** For *Director, District VIII*, see Colorado. For *Liaison Officer Ninth Army Corps Area*, see Utah.
- Work Projects Administration:** *Director*, Community Service Program, Mrs. Agnes Hunt, Parke 1826 West McDowell Road, Phoenix.

\* See page 239 for national headquarters.

**Arizona State Department of Health, Phoenix.**—Facilities for finding and treating cases of syphilis and gonorrhea have been expanded by the State Department of Health and allied County Health Departments, to meet the increasing demands for this type of program.

Since 1938 nine venereal disease clinics have been established in Phoenix, Tucson, Bisbee, Douglas, Yuma, Prescott, Winslow, Ajo and Flagstaff. Laboratory work including serology is furnished by the State Department of Health hygienic laboratories and free drugs are provided for the use of all physicians in the State of Arizona, who so request the use of arsenicals in the treatment of the venereal infections. An extensive follow-up program concerning sources of infection has been inaugurated by the State Department of Health and allied agencies. Personnel have been added to existing clinics and additional quantities of drugs have been provided to clinics and physicians throughout the State, but the facilities still are not equal to the need. The Department has established a complete program as far as funds will allow, but does not receive any appropriations from the State for venereal disease control work and thus must rely entirely on Federal funds. Public support for venereal disease control work is increasing but has not yet reached the stage where additional appropriations for venereal disease control may be obtained from the State Legislature.

State and local pharmaceutical societies as yet do not have an organized program which would enable the State Department of Health to prevent entirely the practice of quackery as concerns the venereal infections. However, it has been the policy of most organized drug concerns to cooperate with the State department of Health in the abatement of illegal practices.

Newspapers and other publications cooperate to the fullest extent in the campaign against the venereal diseases. All press releases are accepted and frequent editorials express a favorable attitude toward a program designed to control and prevent venereal infections. Radio stations in every area of the State cooperate fully with the State Department of Health. In radio programs on venereal disease control, Stations cooperating with the Department are: KOY and KTAR, Phoenix; KYUM, Yuma; KSUL, Safford; KJRC, Jerome; KTUC and KVOA, Tucson; KSUM, Bisbee; KWJB, Globe; KYCA, Prescott.

Lectures on venereal diseases are given and motion pictures shown throughout the year to both lay and professional groups and organizations, numbering about 10,000 persons. Included are illustrated lectures to all college and high school students throughout the State. An average of 5,000 pieces of literature on the venereal diseases are distributed each year by the State Department of Health.

No agencies outside of the local law enforcement organizations exist for the repression of commercialized prostitution. Local community chest agencies and semi-official organizations do carry on a program for the prevention of sex delinquency. However, there is no definite organization behind this program and it is entirely inadequate. No facilities outside of one or two endowed organizations are available for the rehabilitation of women and girls who have been engaged in prostitution. This program is inadequate and should be expanded to meet the needs of the larger communities in the State.

No new social hygiene laws or ordinances have been enacted recently. Four bills concerned with the repression of prostitution were introduced in the Special Session of the Arizona State Legislature in April, 1942, but did not pass. The present laws and the bills recently introduced, do not include protective provisions concerning the premarital examination of men and women, and the prenatal examination of women for syphilis. Such Legislation has been introduced in the last two regular sessions of the State Legislature, but has been defeated each time.

Church and family welfare groups have gone on record as favoring the adoption of such type of legislation, but there is need for stronger support of law enforcement.

**E** Arizona colleges provide sex education as a part of the general educational program, including information and training for marriage and parenthood. Few high schools in the State of Arizona have organized programs of this type. However, the Mormon Church sponsors such programs for both high school and college students. At the present time there is a Committee on Family Relations in the State, which is quite active among certain groups of young people.

There are few war industrial plants in Arizona. These few have only recently started production and no organized program on venereal disease control has yet been worked out for industrial workers. Throughout the State numerous army cantonments and air bases have been established, and communities in these areas provide ordinances against commercialized prostitution and have been carrying out extensive programs of venereal disease control. In cooperation with Army officials, the State Health Department is carrying out a very intensive program of health education among the soldiers and civilians alike. The Department also cooperates with the Army in providing prophylaxis for soldiers and air field cadets. All measures are being taken to protect men in the armed services and civilians, and venereal disease control programs will expand to meet the needs of militarized areas.

During 1941 and 1942, Dr. William F. Snow, Mr. Bascom Johnson, and Dr. Thomas A. Storey of the A.S.H.A. visited Phoenix to confer with state health officials. Mr. George Gould spent some time early in 1942 in assisting to draft new legislation above described.

## ARKANSAS

*Population*  
*Urban* 431,910  
*Rural* 1,517,477  
 1,949,387

*Population rank among states* 24  
*A.S.H.A. members in state* 17

### Social Hygiene Societies and Committees

**Hot Springs Social Hygiene Association:** *Secretary*, Angeline Morrow, 403 Alcorn Street.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Bert Presson, War Memorial Bldg., Little Rock.

**Arkansas Conference of Social Work:** *President*, W. A. Rooksberry, 315 Gazette Bldg., Little Rock.

**Arkansas Congress of Parents and Teachers:** *President*, Mrs. R. V. Hall, 3030 Hickory Street, Texarkana; *Social Hygiene Chairman*, Miss Flora Meredith, Conway, (Hendrix College).

**Arkansas Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Marion Dickens, Newport.

**Arkansas Junior Chamber of Commerce:** *President*, William T. Stover, Morrilton.

**Arkansas Medical Society:** *President*, R. B. Robins, M.D., Camden; *Secretary*, William R. Brooksher, 602 Garrison Avenue, Fort Smith.

**Arkansas Nurses Association:** *Executive Secretary*, Mrs. Mary Tolle Wright, 5404 T Street, Little Rock; *Secretary*, Public Health Nursing Section, Marion Pool, Pulaski County Health Unit, Little Rock.

**Arkansas Tuberculosis Association:** *Executive Secretary*, Mrs. Will L. Dorough, 444 Donaghey Bldg., Little Rock.

**Arkansas Woman's Christian Temperance Union:** Headquarters, 521½ Main St., Little Rock. *In charge*, Mrs. May C. Crouse (also *President*).

Civitan International.\*

Kiwanis International.\*

Lions International.\*

Rotary International.\*

United Service Organizations, Region IX: See Missouri.

\* See page 239 for national headquarters.



### Official Agencies

**Arkansas State Board of Health:** *State Health Officer*, William B. Grayson, M.D., Little Rock; *Director*, Division of Syphilis Control, D. W. Dykstra, Little Rock.

#### *Clinics or Cooperating Clinicians at:*

Arkadelphia, Ashdown, Augusta, Batesville, Bauxite, Beardon, Benton, Bentonville, Blytheville, Camden, Clarksville, Conway, Cotton Plant, Crigler, Dardanelle, Elaine, Fayetteville, Forrest City, Fort Smith, Garland City, Gould, Gurdon, Hamburg, Harrison, Helena, Hope, Hot Springs (2), Hughes, Jonesboro, Lake View, Little Rock (4), McGehee, Malvern, Marianna (5), Marion, Marshall, Marvell, Mellwood, Monticello, Morrilton, Newport, North Little Rock, Okolona, Osceola, Ozark, Paris, Pine Bluff (2), Prescott, Rison, Rogers, Russellville, Searcy, Siloam Springs, Simsboro, Snow Lake, Star City, Texarkana, Trenton, Tuckerman, Van Buren, Wabash, Warren, West Memphis, Wilmot, Wilson, Winchester (2), Wynne, Yellville.

**Arkansas State Department of Education:** *State Commissioner of Education*, Ralph B. Jones, Little Rock; *Supervisor of Negro Schools*, Ed McCuiston, Little Rock.

**Arkansas State Department of Public Welfare:** *Commissioner*, John R. Thompson, Little Rock.

**Defense Council of Arkansas:** *Secretary*, L. A. Henry, Room 336 Capitol Bldg., Little Rock.

**National Youth Administration, Region IX:** See Kansas.

**Social Protection Section, Office of Defense Health and Welfare Services, Region IX.** See Missouri.

**U. S. Army, Seventh Corps Area:** See Nebraska.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, W. R. Horlacher, College of Agriculture, University of Arkansas, Fayetteville; *State Home Demonstration Leader*, Connie J. Bonslagel, 524 Post Office Bldg., Little Rock.

**U. S. Navy, Eighth District:** See Louisiana.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Mrs. Julia Palmer Howard, Agricultural Mechanical and Normal College, Pine Bluff; Dr. H. W. Kamp, Hendrix College, Conway; Marvin A. Miller, University of Arkansas, Fayetteville.

**U. S. Public Health Service:** *Venereal Disease Medical Center, Medical Officer in Charge*, P. A. Surgeon Austin V. Deibert, Hot Springs. For *Director*, District VII, see Missouri. For *Liaison Officer*, Eighth Army Corps Area, see Texas.

**Work Projects Administration:** *Director of Community Service Program*, Mrs. May Bevens, Old Post Office Bldg., Little Rock.

**Arkansas State Board of Health, Little Rock.**—The statewide war-time activities of the Board of Health are illustrated by the Venereal Disease Control Program for one Extra-Cantonment Area which is reported as follows:

Facilities for finding and treating cases of syphilis and gonorrhea have been increased by the addition of clinical treatment periods and the assignment of three full-time nurse investigators in the area.

The need of additional clinics and personnel is still a factor in adequate control, especially in the outlying rural area.

The Health Department is making every effort to establish a complete program with adequate appropriations but complete public support is questioned because of a lack of understanding or education relative to the venereal diseases and the necessary program for adequate control. State and local pharmaceutical societies are coöperating in the campaign against quackery as several recent significant cases won by the societies against quackery will testify.

Radio stations are coöperating to a degree but assigned time is questioned as to its effectiveness in reaching a reasonable number of listeners. Call letters of station used are KARK. Other channels of information and education are public lectures to various organizations supported by motion pictures of recent production.

There are special city ordinances regarding the suppression of prostitution and isolation and quarantine treatment of all infectious cases failing to take recognized treatment; and an ordinance aimed at soliciting and immoral practices. Two detectives and two special officers constitute a full-time group who are assigned to the area to enforce these ordinances.

The prevention of sex delinquency is strongly attacked by the Juvenile Court authorities and social workers.

Through the State Training School for Girls, rehabilitation of girls (minors) who have been engaged in prostitution is attempted with some gratifying results, but no facilities are available as yet for the rehabilitation of women (over 21) who have been engaged in prostitution.

The Civilian Military Council, a strong lay organization made up of civic-minded leaders, and the respective City Councils actively support and participate in securing effective enforcement of laws and ordinances.

All war workers in the largest industrial plant are being given blood tests for syphilis as part of the physical examination at the time of employment and, if found to be infected, are advised as to how and where to obtain treatment. Male employees are given the benefit of similar advice and assistance in relation to gonorrhea.

Three military prophylactic stations are located in Greater Little Rock. Three U.S.O. Centers for the military personnel are functioning in the area. All sanitation laws are being improved and enforced within the area.

**Hot Springs Social Hygiene Association.**—This society, only recently organized, has an excellent opportunity to do pioneer work as the first voluntary social hygiene agency in the state.

A.S.H.A. staff visitors during 1941-42, have included Dr. Snow and Dr. Storey, who attended conferences of state and territorial health officers at Hot Springs, and Mr. Johnson, who conferred with health and law enforcement officials and military authorities at Little Rock and elsewhere.

## CALIFORNIA

*Population*  
*Urban* 4,902,265  
*Rural* 2,005,122  
 6,907,387

*Population rank among states* 5  
*A.S.H.A. members in state* 327

### *Social Hygiene Societies and Committees*

**Fresno:** Social Hygiene Committee, Fresno County Tuberculosis Association: *Executive Secretary*, Frank E. Harader, Room 1316 Pacific Southwest Bldg.

**Los Angeles:** American Institute of Family Relations: *Director*, Paul Popenoe, 607 S. Hill Street.

**Oakland Social Hygiene Committee:** *Chairman*, Thomas J. Clark, M.D., 40 Ross Circle.

**San Bernardino:** Social Hygiene Committee, San Bernardino County Tuberculosis Association: *Executive Secretary*, Stanley T. Boggess, 490 Court.

**San Diego Social Hygiene Association:** *President*, Kenneth Barnhart; *Secretary*, Mrs. E. B. Thauburn, Room 11, 645 A Street.

**San Francisco:**

**American Social Hygiene Association, Western Division:** *Director*, W. F. Higby, 45 Second Street.

**California Social Hygiene Association:** *Executive Secretary*, Lawrence Arnstein, 45 Second Street.

**Family Relations Center:** *Director*, Henry M. Grant, 2504 Jackson Street.

**Social Hygiene Committee, San Francisco Health Council:** *Chairman*, Charles Barnett, M.D., 45 Second Street.

**San Mateo: Social Hygiene Committee, San Mateo County Tuberculosis and Health Association:** *Executive Secretary*, Mrs. Ruth Close, 115 Ellsworth Ave.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, James K. Fisk, 117 Veterans Bldg., San Francisco.

**California Church Council:** *Executive Secretary*, Harold V. Mather, M.D., 129 Second Street, Los Angeles.

**California Congress of Parents and Teachers:** *President*, Mrs. E. K. Strong, 3 Nevada Bldg., Palo Alto; *Social Hygiene Chairman*, Mrs. Russell Scott, 435 California Street, Salinas.

**California Conference of Social Work:** *Executive Secretary*, Anita Eldridge, 126 Post Street, San Francisco.

**California Federation of Women's Clubs:**

**California Junior Chamber of Commerce:** *President*, Henry Frost, 801 S. Broad Boulevard, Glendale.

**California Teachers Association:** *Chief Deputy Superintendent of Schools*, John F. Brady, San Francisco; *Secretary*, Roy W. Cloud, 155 Sansome Street, San Francisco.

**California Medical Association:** *President*, Wm. R. Melony, Sr., M.D., Los Angeles; *Secretary-Treasurer*, George H. Kress, M.D., 450 Sutter Street, San Francisco.

**California Nurses Association:** *Executive Secretary*, Shirley C. Titus, Room 309, 609 Sutter Street, San Francisco; *State Organization for Public Health Nursing, Secretary*, Rosemary Kobes, 604 Mission Street, San Francisco.

**California Tuberculosis Association:** *Executive Secretary*, William F. Higby, 45 Second Street, San Francisco.

**California Woman's Christian Temperance Union:** (*North*) Headquarters, Room 415, 83 McAllister St., San Francisco. *In charge*, Mrs. Grace R. Randall; *President*, Mrs. Louise J. Taft. (*South*) Headquarters, 301 N. Broadway, Los Angeles, *In charge*, Mrs. Jennie Ray Thompson, *President*, Mrs. Eva C. Wheeler.

**Civitan International:** *District Governor*, California District, Charles W. Arthur, 800 Montrose Avenue, South Pasadena.

**Kiwanis International:\***

**Lions International:\***

**Rotary International:\***

**Southern California Council of Church Women:** *President*, D. J. Trout, 3330 W. Adams Blvd., Los Angeles.

**United Service Organizations: Region XII:** *Executive*, George F. Hamilton, 26 O'Farrell Street, San Francisco; *Executive for Southern California*, Robert W. Burns, 435 Subway Terminal Bldg., Los Angeles.

### Official Agencies

**California State Council of Defense:** *Executive Director*, Kenneth Hammaker, Administration Bldg., State Fair Grounds, Sacramento.

**California State Department of Education:** *Superintendent of Public Instruction and Director of Education*, Walter F. Dexter, Sacramento; *Chief of Division of Physical and Health Education*, W. H. Orion, Sacramento.

**California State Department of Public Health:** Sacramento. *Director of Public Health*, Bertram P. Brown, M.D., 659 Phelan Bldg., San Francisco; *Chief, Bureau of Venereal Diseases*, Malcolm H. Merrill, M.D.

\* See page 239 for national headquarters.

*Clinics or Cooperating Clinicians at:*

Alhambra, Altadena, Arlington, Arvin, Atascadero, Azusa, Bakersfield, Banning, Barstow, Beaumont, Berkeley, Blythe, Brawley, Broderick, Burbank, Burlingame, Buttonwillow, Calexico, Carpinteria, Chico, Colusa, Compton, Corning, Crescent City, Daly City, Delano, Dinuba, East Los Angeles, El Centro, El Monte (2), Eureka, Fairfield, Fresno (2), Gilroy, Glendale, Grass Valley (2), Gridley, Guadalupe, Half Moon Bay, Hanford, Healdsburg, Huntington, Park, Indio, Inglewood, Jolon, King City, Lancaster, Loma Linda, Lompoc, Long Beach, Los Angeles (13), Los Molinos, Madera, Martinez, Marysville, Merced, Modesto, Monrovia, Montebello, Monterey, Oakland (3), Ontario, Orange, Oroville (2), Paradise, Pasadena, Paso Robles, Pescadero, Petaluma, Pittsburg, Pomona, Porterville, Quincy, Red Bluff, Redding, Redwood City, Richmond, Riverside, Sacramento (2), Salinas, San Bernardino, San Diego, San Fernando, San Francisco (12), San Jacinto, San Jose (2), San Leandro, San Luis Obispo, San Mateo, San Pedro, Santa Ana, Santa Barbara, Santa Cruz, Santa Maria, Santa Monica, Santa Rosa, Sebastopol, Shasta Dam, Sonoma, Sonora, Stockton, Taft, Torrance, Tulare, Ukiah, Vallejo, Van Nuys, Venice, Ventura (3), Visalia, Wasco, Watts (2), West Hollywood, Whittier, Williams, Willows, Wilmington, Woodland, Yreka (2).

**California State Department of Social Welfare:** *Director*, Martha A. Chickering, Ph.D., Sacramento.

**National Youth Administration, Region XII:** *Regional Director of Youth Personnel*, William Y. Wilson, 2328 West 7th Street, Los Angeles.

**Social Protection Section, Office of Defense Health and Welfare Services, Region XII:** *Supervisor*, Edwin J. Cooley; *Representatives*, Alan C. Blanchard, Mrs. Jane K. Christians, 785 Market Street, San Francisco.

**U. S. Army, Ninth Corps Area:** See Utah.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, B. H. Crocheron; *State Home Demonstration Leader*, Claribel Nye, College of Agriculture, University of California, Berkeley.

**U. S. Navy, Eleventh District:** Headquarters, San Diego; *Venereal Disease Control Officers*, Lt. Comdr. D. A. York (MC) Headquarters; Lt. L. Klein (MC), Naval Training Station, San Diego; Lt. I. Zeligman (MC), Marine Corps Base, San Diego. **Twelfth District:** Headquarters, San Francisco; *Venereal Disease Control Officer*, Lt. Comdr. B. V. D. Scott (MC).

**U. S. Office of Education, Civilian Morale Service:** To receive material at *War Information Centers*: Dr. Lawrence T. Crawford, Chico State College, Chico; Dr. Earl Lyon, Fresno State College, Fresno; Prof. Joseph W. Angell, Pomona College, Claremont; Ann Kuhlman, San Diego State College, San Diego; Harold L. Leupp, University of California, Berkeley; John E. Goodwin, University of California, Los Angeles.

**U. S. Public Health Service, District No. V:** *Director*, Senior Surgeon Walter T. Harrison, Room 112, Federal Office Bldg., San Francisco; For *Liaison Officer*, Ninth Army Corps Area, see Utah.

**Work Projects Administration:** *Directors of Community Service Programs, Northern Division* (and Nevada), Mrs. Hope L. Cahill, 49 Fourth Street, San Francisco; *Southern Division*, Mrs. Eleanor Savay, 1206 Santee Street, Los Angeles.

**California State Department of Public Health, Sacramento.**—The function of the Bureau of Venereal Diseases, established in 1937, is to coordinate the work of state, county, and local health departments with the program of the Federal government. With venereal diseases representing a reciprocal threat to armed forces and civilian population, the bureau has placed stress during the year 1940–41 on expanding a well-established civilian control program and gearing it to the program of the armed forces.

*The civilian front:* The sum of \$739,000 was expended during the calendar year for the sole purpose of venereal disease control: 29 per cent from the U. S. Public Health Service, 14 per cent from the State, and 57 per cent from city and county sources. Control activities have been expanded in all military

and civilian defense areas. During the year there were 186 clinics treating venereal disease, nearly 200 full-time trained professional and technical personnel, and an estimated 1,000 more clerical and utility personnel employed full or part time. There were 599,954 patient-visits to the 127 clinics serviced by the Central Tabulating Unit, the mechanical reporting system whereby rapid evaluations of mass data and immediate individual selection from them are made possible. Free drugs continue to be distributed to physicians and small clinics. The bureau's campaign among drugstores and wholesale drug firms caused 2,920 such businesses to sign pledges not to treat venereal disease or dispense remedies for such without prescription from physicians.

Although the total of reported cases of syphilis has remained approximately the same during the years since inauguration of the modern control in California (around 23,000), the number of early or new infections has steadily decreased, from 6,430 in 1938 to 3,817 in 1941. The decrease of approximately 40 per cent in early cases clearly testifies to the effectiveness of the civilian control program. Reported cases of gonorrhea in 1941 totaled 18,939.

An ambitious health education service has been established in recent months with four health educators and a visual education specialist. WPA projects provide the funds for this personnel, as well as for increased laboratory and clerical assistance to local health departments. The new education service augments existing health education activities, which in 1941 accounted for the distribution of 335,497 pieces of literature and lectures to a total audience of 57,175 persons. The education program pays particular attention to defense areas.

*The armed forces:* The task of integrating the civilian program with the control of venereal disease in the armed forces was begun in 1941. A close working relationship between the civilian and military control programs has been officially established. Renewed effort to repress commercialized prostitution has been made in California since early in 1941.

Follow-up work on infections uncovered by Selective Service examinations are handled by local health departments in cooperation with the state department, and all instances of acute infection in military personnel and also the alleged sources are being reported to local health departments. The sources are investigated by the epidemiologic services of local health departments, and the results reported to the military immediately. From both geographic and organizational viewpoints the civilian and military programs have synchronized efficiently. The Ninth Corps Area, which includes California, has one of the lowest venereal disease rates in the country.

**California Social Hygiene Association.**—Recent months have seen the beginning of a reorganization of the California Social Hygiene Association, which plans to strengthen its statewide program by the forming of a larger number of county social hygiene committees. Mr. Lawrence Arnstein, of San Francisco, long a member of the Board of Health of that city, has assumed the duties of Executive Secretary of the State Association. He will make his headquarters at the office of the California Tuberculosis Association, 45 Second Street, San Francisco, California. Mr. William Ford Higby, Secretary of the California Tuberculosis Association, will continue to serve as Director of the Western States Division of the American Social Hygiene Association.

**Los Angeles: American Institute of Family Relations.**—This national organization, a pioneer in its field, continues to expand its program and services. Chiefly celebrated for its success in dealing with problems of marriage adjustment, the Institute also carries on a number of projects in sex education and training for family life. Its corps of lecturers and consultants are regularly engaged in

work outside of Los Angeles and California, and the Director, Paul Popenoe and others of the staff are widely known by their writings and public addresses. The Institute staff, also lends its aid locally to community social hygiene projects where its cooperation is of great value.

**San Bernardino: Social Hygiene Committee, San Bernardino County Tuberculosis Association.**—A vigorous effort is being made to repress prostitution and excellent results are being achieved in protecting the men from adjacent military establishments. Venereal disease infections from local contacts are surprisingly few. Close relations are maintained with clinics operated by the State Department of Public Health whose facilities have been increased until all sections of the county are being served and daily clinics being held. Newspaper cooperation is excellent. The Committee utilizes motion picture films obtained from the California Tuberculosis Association. Radio station is KFXM, affiliated with the Don Lee Network (Mutual).

**San Diego Social Hygiene Association.**—Social Hygiene problems growing out of an increased war industrial population and armed forces at the naval training station, marine corps base, and several army camps in the county led to the organization of this new group, at a meeting held to observe Sixth National Social Hygiene Day in February, 1942. The Association writes "Real work yet to be done." Plans are to secure cooperation of newspapers, radio KFSD, KFI, KNX, and schools in health education and public information; and to cooperate with the Health Department in calling attention to existing facilities for diagnosis and treatment of venereal disease. Professor Kenneth E. Barnhart, President of the SDSHA gives a course on preparation for marriage at San Diego State College. An annual spring institute on *Marriage and the Family* sponsored by the Adult Education Department of the Public Schools, is popular.

**San Francisco: Family Relations Center.**—"To assist those desiring counsel on any aspect of sex or marital relations an office is maintained for confidential consultation. Adults and young people of both sexes come to discuss their specific problems. The greater number come for marriage counsel, premarital conferences, and adolescent instruction.

"Arrangements may be made by any group or organization for courses or single talks on *Love and Marriage*, *Preparing for Marriage*, *Sex in Adolescence*, *Sex Education of Children*, *Physical Aspects of Sex*, *Psychological Aspects of Sex*, or similar topics. From time to time the center offers extension courses under the auspices of the **San Francisco State College** or the **University of California**, covering either the entire field of sex education or special aspects of the subject. Monthly meetings are held with talks by qualified speakers. These are open to the public at nominal admission fees.

"The center maintains a lending library containing several hundred selected volumes on various aspects of sex, family life, and

related subjects. Scientific and technical books as well as more popular volumes are available to both professional groups and the general public."

The schools and colleges at the junior college and university level in this area nearly all have some sex instruction incorporated in or correlated with the general educational program. The quality and completeness of this instruction varies widely. Outside of school activities, the chief developments are in character-training organizations such as the YM-YWCAs and the Jewish Community Center. One Boy Scout Council has a regular yearly course of instruction for senior scouts and their fathers.

**Health Council, Community Chest of San Francisco.**—The Social Hygiene Committee is one of eight committees of the Health Council functioning as a coordinating and conference committee. It is a small committee made up of representatives of interested groups and organizations.

Again in 1942 the Social Hygiene Committee of the Health Council arranged a program for the community on *National Social Hygiene Day*.

After giving consideration to the program of the preceding year, which placed emphasis on the control of prostitution and cooperation of military and public authorities in the control of venereal disease, the committee decided to arrange this program to arouse the interest of those who are responsible for the health education program of the community. The Department of Education, the faculties of the several universities and colleges in the area, the Department of Public Health, and the group work and recreation agencies were considered in the planning.

Two meetings were held on *Social Hygiene Day*, an afternoon meeting directed at the trained people in the fields mentioned above, and an evening meeting for the general public. The program for the afternoon meeting at the Y.M.C.A. included representatives from the health, educational and recreational fields as speakers. The President of the Junior Chamber of Commerce served as chairman. In spite of very bad weather, there were about 150 persons present.

Radio broadcasts were arranged prior to, and on *Social Hygiene Day*. A fifteen-minute interview was prepared by the State Department of Public Health, Venereal Disease Control office. Another broadcast, a transcription made at the San Francisco clinic, was released over a local station at 7:45 P.M. February 4th. This broadcast involved an imaginary trip through a clinic, with the special events announcer describing a blood test performed on himself. The broadcast closed with a brief interview with the San Francisco Director of Public Health on the importance of venereal disease control in the war effort. Others who participated in the program were the San Francisco Venereal Disease Control Officer and a "patient." In addition to this program, special spot announcements were prepared by the Public Relations Department of the Community Chest. Released by four local stations on *Social Hygiene Day*, they focussed attention on the evening public meeting.

To build attendance at both meetings, over 6,000 posters of various types were sent out to potentially interested groups including the P.T.A., public schools, libraries, W.P.A. groups, health and recreation agencies and many others. Newspaper releases and pictures were sent to the city's four metropolitan newspapers and to 85 neighborhood and foreign papers. Approximately 25 stories were printed in the metropolitan papers and about 50 stories in the neighborhood press. In spite of the pressure of war news on newspaper space, we received one picture and an excellent editorial.

The evening program was presented at the Eagles Hall. The organization gave us the space at minimum cost. The motion picture operators union which supplied machines, curtain and booth, did the same. Another company installed an excellent public address system free of charge. Incidental expenses were

covered by the State Department of Health, the Junior Chamber of Commerce and the California Tuberculosis Society.

The first picture shown that evening was *With These Weapons* which drew spontaneous applause. The Chairman of the Health Council acted as spokesman between films, giving the purpose of *Social Hygiene Day*, something of the history of the diseases, the scientific study of their nature, and the contribution of Dr. Ehrlich whose biography was recounted in the principal feature of the evening, *Dr. Ehrlich's Magic Bullet*. The film, loaned to us by Warner Brothers, starred Edward G. Robinson and was enthusiastically received by the audience.

Following the showing of the picture, the Chairman announced that a demonstration blood test would be done on the stage with a doctor of the city clinic performing the test. The effect was both spectacular and convincing when the Chairman volunteered to be the first to have his blood taken, and then quietly and with delightful humor described the proceedings to the audience over the public address system. As a result, following the demonstration, 38 members of the audience sought free blood tests in a room which had been set up as a clinic at the back of the theatre.

The weather was very bad; otherwise, the committee feels certain, the hall would have been filled to overflowing, but 640 people attended the performance.

### **City and County of San Francisco Department of Public Health.—**

**Organization:** Administration of the venereal disease control program in San Francisco is carried on by the Division of Venereal Diseases, Bureau of Communicable Diseases, San Francisco Department of Public Health. The venereal disease control officer is chief of the Division of Venereal Diseases and chief of the San Francisco City Venereal Disease Clinic. In this capacity he supervises public health relations of the venereal disease clinics in San Francisco and has direct charge of the venereal disease clinics operated by the City and County of San Francisco. He coordinates all venereal disease control work in the city.

Personnel of the Division consists of one supervising public health nurse, five public health nurses, one bacteriologist (assigned to the San Francisco City Venereal Disease Clinic), one chief clinician at the San Francisco Venereal Disease Clinic, eight half-time clinicians, one educator, two special male investigators, five full-time clerks, and two part-time clerks. In addition to this personnel, through the cooperation of the Works Project Administration, research personnel and clerical personnel have been provided by the Northern California WPA Venereal Disease Control Project.

**Clinical Facilities:** The San Francisco City Venereal Disease Clinic is located in the vicinity of Third and Howard streets, an area of San Francisco occupied mainly by single men and a low income group. This clinic was organized in 1938 and the clinic visit rate has risen to the point where now 3,500 patient visits occur monthly. In addition a diagnostic clinic is operated in the main health center building at 101 Grove Street. Patients found to have venereal disease are referred to the San Francisco City Clinic, the university clinics, or private physicians, depending upon the area of the city in which they live and their ability to pay. Diagnosis for venereal diseases in San Francisco is available to everyone irrespective of ability to pay and free treatment is available to those who cannot afford to pay. Nineteen venereal disease clinics are in operation in the City and County of San Francisco of which four are operated by the health department. The other clinics are official and non-official clinics such as the Army and Navy clinics, the United States Marine Hospital Clinic, university clinics, and other non-official agency clinics.



*Case Finding and Case Holding Program:* The public health nurses and the male investigators carry on the case finding and case holding program. Every new patient having a venereal disease who reports to any of the clinics in San Francisco is interviewed by a nurse or an investigator. All interviews on newly diagnosed patients are carried on in private. Facilities for these interviews are available at all the clinics both official and non-official. The average interview on a patient with infectious venereal disease requires at least a half hour. Sources or contacts of venereal disease infection who are alleged to reside in San Francisco are followed up by the local venereal disease control personnel. All outside sources and contacts of venereal disease investigation alleged to reside outside of San Francisco are reported to the jurisdictional health department concerned. A patient with infectious venereal disease, who has lapsed from treatment, is followed up within one week of his lapsing from treatment thereby carrying on an effective venereal disease case holding program.

*Army and Navy Cooperative Investigation Program:* All military and naval personnel diagnosed as having venereal disease in the City and County of San Francisco are interviewed by one of the male investigators. It has been found that the procedure of having this personnel interviewed by a health department representative has greatly increased the number of traceable sources and contacts of venereal disease infection reported prior to the inauguration of this procedure. The investigators have been assigned private rooms in the various military and naval venereal disease clinics and appointments are made with the patients to be interviewed. This direct health department—armed forces relationship has considerably accelerated the speed of reporting and investigating alleged sources and contacts.

*Jail Clinic Examination Program:* All women arrested for vagrancy and prostitution in the City and County of San Francisco are examined at the San Francisco City Jail Women's Clinic, operated by health department personnel. Under a procedure, inaugurated February 1, 1942, all women examined are given gonorrheal culture as well as serologic examination, and are held under quarantine for 72 hours pending results. The culture method has been found a much more satisfactory means of detecting gonorrhea than the slide method. Fourteen per cent of the women found to have negative gonorrheal slides had positive gonorrheal cultures. Prior to holding these women for a period of 72 hours, pending the results of the culture, many found to have positive cultures failed to report to the health department for continuation of their treatments. Under the present program these women are treated at the San Francisco City Jail Women's Clinic until they are discharged as cured.

All male persons arrested and committed to the San Francisco County Jail have a routine serologic examination, conducted by the health department. Those found to have syphilis, are treated at the county jail by the sheriff's department.

*Drug Store Program:* A cooperative program has been developed whereby pharmacists are requested to discontinue the practice of diagnosing or prescribing for venereal disease patients who come to their attention. They are requested to refer all such patients to a private physician or to the San Francisco City Venereal Disease Clinic. To facilitate this program, drug stores are furnished referral cards which have a space to insert the name of the physician to whom the pharmacist refers his patron; on the lower portion of the card a place is provided for the signature of the drug store. The middle of the card gives name and address of the San Francisco Venereal Disease Clinic.

The pharmacist is advised to refer to the San Francisco Venereal Disease Clinic all patients who say they cannot afford to pay for private physician care. A large number of patients who would otherwise attempt self-treatment for a venereal disease thus come to the attention of private physicians or the health department. Placards are being prepared for distribution to drug stores, thereby carrying on an educational venereal disease control program for the public through the cooperation of local pharmacists.

*Liquor Place Control Program:* Metal lavatory placards have been distributed to at least one half of the liquor places in San Francisco by the male venereal

disease control investigator. These placards refer the reader to his private physician or to the San Francisco Venereal Disease Clinic for diagnosis, treatment, and advice. Whenever the manager of a liquor place is contacted by the investigator, he is told of the purposes and objectives of the local venereal disease control program and his cooperation solicited. The liquor places are revisited every six months by the investigator who reports as to the condition of the metal signs previously placed.

*Suppression of Prostitution:* This is the function of the local police department, which cooperates splendidly. Whenever new information becomes available from venereal disease patient interviews, as to the existence of a house of prostitution the police department is notified and they respond quickly by closing the house and arresting the inmates.

*Venereal Disease Educational Program:* The local educational program is carried on under the direction of the venereal disease control educator. A special program has been developed in the Chinese community, the largest in North America. Much of the English venereal disease literature has been translated into Chinese and distributed throughout Chinatown, and frequent lectures are conducted among the Chinese lay audiences. These lectures are given by physicians and translated paragraph by paragraph into Chinese by a translator provided by the local Works Project Administration.

Plans have been formulated to develop a labor union venereal disease educational program. Under this plan lectures will be presented to various local labor unions at their regular meetings and the individual labor union will be requested to vote on the proposal of offering a serologic survey to the members of the union group. Wherever such a serologic survey is voted upon favorably, arrangements will be made to provide health department personnel to conduct the survey at the local labor union halls.

*Statistical Information:* There has been a decrease in the reporting of syphilis and gonorrhea in the City and County of San Francisco during the calendar year of 1941 as compared to 1940. The numerical decrease in the reporting of syphilis is only 55, but there were 642 less gonorrhea patients reported in 1941 as compared to 1940. The number of cases of syphilis and gonorrhea reported during the last ten years are as follows:

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhea</i>
1932	2024	1527
1933	1836	1389
1934	1612	1492
1935	1480	1551
1936	1671	1677
1937	1997	2410
1938	1999	2254
1939	1959	2419
1940	2495	2632
1941	2440	1990

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A.S.H.A. officers and staff have continued to work in close cooperation with California groups. National representatives visiting the state during the past year and a half include Dr. Snow, Dr. Storey, Mr. Johnson, Dr. Clarke, Professor Bigelow and Miss Eleanor N. Shenehon. Several of these remained for a several months' period of work with health officials, industrial groups and law enforcement authorities. Cities visited included San Francisco, Los Angeles, San Diego, (where a new society was set up at a meeting on Sixth National Social Hygiene Day) San Bernardino, Santa Barbara, Santa Monica, Pasadena, Oakland, Long Beach, and Stanford University.

## COLORADO

*Population*

Urban 590,756  
Rural 532,540

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1,123,296

*Population rank among states* 33  
*A.S.H.A. members in state* 56

*Social Hygiene Societies and Committees*

Colorado Springs: Social Protection Committee, Defense Council: *Chairman*, M. J. Henley, Acacia Hotel.  
Denver: Social Protection Committee, Defense Council: *Chairman*, Mrs. Mary E. Holland, 314 14th Street.

*Other Voluntary Agencies*

American Legion: *Department Adjutant*, M. L. Lyckholm, State Capitol Bldg., Denver.  
Civitan International: \*  
Colorado Conference of Social Work: *President*, Esther M. Dimechsky, 4200 East 9th Avenue, Denver; *Program Chairman*, Ivan Assay, Social Security Board, 916 Patterson Bldg., Denver.  
Colorado Congress of Parents and Teachers: *President*, Mrs. M. E. Richards, 2711 Vine Street, Denver; *Social Hygiene Chairman*, Mrs. E. A. Hollingsworth, 3235 North Speer Blvd., Denver.  
Colorado Council of Church Women: *President*, Mrs. William Schmallhorst, 616 6th Street, Berthoud.  
Colorado Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. O. A. Carlson, Fort Lupton.  
Colorado Junior Chamber of Commerce: *President*, Arthur Keese, Box 275, Fort Collins.  
Colorado Nurses Association: *Executive Secretary*, Irene Murchison, 621 Majestic Bldg., Denver; *Chairman*, Public Health Nursing Section, Louise Zetzsche, 2839 W. 27th Ave., Denver.  
Colorado State Medical Society: *President*, Guy C. Cary, M.D., Grand Junction; *Executive Secretary*, Harvey T. Sethman, 1612 Tremont Pl., Denver.  
Colorado Tuberculosis Association: *Executive Secretary*, Helen L. Burke, 305 Barth Bldg., 16th and Stout Streets, Denver.  
Colorado Woman's Christian Temperance Union: *Headquarters*, 1671 Logan St., Denver: *In Charge and President*, Mrs. Adrianna Hungerford.  
Kiwanis International: \*  
Lions International: \*  
Rotary International: \*  
United Service Organizations, Region XI. See Missouri.

*Official Agencies*

Colorado Council of Defense: *Executive Vice-chairman*, Paul P. Newlon, 221 Boston Bldg., Denver.  
Colorado State Board of Health: *Secretary*, Roy L. Cleere, M.D., Denver; *Director*, Division of Venereal Disease Control, L. J. Lull, M.D., Denver.

*Clinics or Cooperating Clinicians at:*

Colorado Springs, Denver (2), Fort Collins, Fort Lupton, Fowler, Greeley, LaJunta, Manzanola, Pueblo, Rocky Ford, San Louis.

Colorado State Department of Education: *Superintendent of Public Instruction*, Inez J. Lewis, Denver.  
National Youth Administration, Region XI: *Regional Director of Youth Personnel*, May Risher, 810 Fourteenth Street, Denver.  
Social Protection Section, Office of Defense Health and Welfare Services, Region XI: *Supervisor*, Mrs. Vyvyan M. Parmelee, 1706 Welton Street, Denver.  
State Department of Public Welfare: *Director*, Earl M. Kouns, Denver.  
U. S. Army, Eighth Corps Area: See Texas.

\* See page 239 for national headquarters.

- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, F. A. Anderson; *State Home Demonstration Leader*, Helen Prout, State Agricultural College of Colorado, Fort Collins.
- U. S. Navy, Twelfth District:** See California.
- U. S. Office of Education, Civilian Morale Service:** To receive material for War Information Centers: Irene M. Coons, Colorado State College of Agricultural and Mechanic Arts, Fort Collins; Amie-Louise Bishop, University of Colorado, Boulder.
- U. S. Public Health Service, District VIII:** *Director*, Senior Surgeon Lynne A. Fullerton; *Venereal Disease Control Consultant*, P. A. Surgeon Arthur B. Price, 617 Colorado Bldg., Denver; For *Liaison Officer*, Seventh Army Corps Area, see Nebraska.
- Work Projects Administration:** *Director of Community Service Program*, Dr. Cyril M. Whitlow, 810 Fourteenth Street, Denver.

**State Board of Health, Denver.**—As more money is made available, the facilities for case finding and treatment for patients with venereal disease increases. Because of the sparse population in parts of our State, clinics are not practical. However, twelve clinics are in operation in health units and larger cities. Several doctors have taken advantage of a plan which provides for payment to doctors for treatment of prenatal and congenital syphilis cases in their offices. Congenital cases must be under ten years of age.

Passage of new laws requiring premarital and prenatal examinations for syphilis in 1939 has assisted materially in finding infections and getting them under treatment, as well as preventing syphilis among babies.

The druggists have been coöperative in furnishing show window space for an exhibit on venereal disease which is loaned upon request by the Director of Venereal Disease Control. They have also given counter space for posters and have distributed literature. The educational program progresses slowly. Movies have been shown and lectures given to medical societies and interested lay groups. Some newspaper publicity has been used in local papers. Radio stations KOA, KVOD, and KFEL coöperate well.

Since passage of the May Act, the existent houses of prostitution have been closed. Bars, dine and dance places and other similar places although under observation, are oftentimes named as places of "pick up". As yet, no facilities exist for rehabilitation of offenders.

The citizens in areas around the three army camps are very active in furnishing entertainment to soldiers through the USO. Theaters are coöperating by giving reduced rates. Families are inviting soldiers into their homes.

Blood tests are included in the pre-employment examination at one industrial plant. Patients found to have syphilis are employed and required to bring a statement monthly from their private doctor regarding regularity of treatment. Four other plants have pre-employment blood tests. No educational programs are carried on by them.

All Selective Service men found to have positive blood tests or to have gonorrhea, are followed up and assisted with arrangement for further examination and treatment.

Our reporting of venereal disease in the State has increased three times in 1941 over 1939. This is due in part to the queries sent to doctors who have sent specimens of blood to the State Laboratory as part of the prenatal, premarital, selective service and routine examinations. Ninety percent of the blood tests done in the State are done at the State Laboratory.

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Among ASHA visitors to Colorado last year was Miss Shenhon, who conferred with health officials, education and social work groups.

## CONNECTICUT

*Population*

Urban 1,158,162  
 Rural 551,080

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 1,709,240

*Population rank among states* 31  
*A.S.H.A. members in state* 145

***Social Hygiene Societies and Committees***

**Hartford:** Committee on Social Hygiene Information: Connecticut Tuberculosis Association; *Acting Chairman*, Ira V. Hiscock, New Haven.

***Other Voluntary Agencies***

**American Legion:** *Department Adjutant*, Pierce U. Clark, State Office Bldg., 165 Capitol Avenue, Hartford.

**Civitan International:** *District Governor*, New England District, Louis F. Oneker, 1087 Broad Street, Bridgeport.

**Connecticut Conference of Social Work:** *President*, William H. Bulkeley, 419 Franklin Avenue, Hartford; *Secretary*, Mrs. Frieda Offenbach, 58 Gordon Street, Hamden.

**Connecticut Congress of Parents and Teachers:** *President*, Mrs. Leslie Mathews, 918 Hoyden Hill Road, Fairfield; *Social Hygiene Chairman*, Mrs. Raymond S. Powelson, R.F.D. No. 6, East Haven.

**Connecticut Council of Churches and Religious Education:**

**Connecticut Federation of Women's Clubs:** *Chairman*, Public Welfare, Mrs. Tertius Van Dyke, Gunnery School, Washington.

**Connecticut Nurses Association:** *Executive Secretary*, Margaret K. Stack, Room 502, 252 Asylum Street, Hartford; *Chairman*, Public Health Nursing Section, Marian M. Redmond, 570 Howard Avenue, New Haven.

**Connecticut State Medical Society:** *President*, Roy L. Leak, M.D., Middletown; *Executive Secretary*, Creighton Barker, M.D., 258 Church Street, New Haven.

**Connecticut State Tuberculosis Association, Inc.:** *Campaign Director*, Mabel Baird 43 Farmington Avenue, Hartford.

**Connecticut Teachers Association:** *Secretary*, Anne J. Oates, Willimantic.

**Connecticut Woman's Christian Temperance Union:** *Headquarters*, 36 Pearl Street, Hartford. *In charge and President*, Mrs. Ella F. Burr.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region I:** See Massachusetts.

***Official Agencies***

**Connecticut Council for National Defense:** *Administrator*, Col. Samuel H. Fisher, Room 302, State Armory, Broad Street, Hartford.

**Connecticut State Department of Education:** *Commissioner of Education*, Alonzo G. Grance, Hartford; *Senior Supervisor of Health and Physical Education*, Charles H. Prohaska, M.D., Hartford.

**Connecticut State Department of Health:** *Commissioner of Health*, Stanley H. Osborn, M.D., Hartford; *Director*, Bureau of Venereal Diseases, H. P. Talbot, M.D.

***Clinics or Cooperating Clinicians at:***

Ansonia, Bethel, Branford, Bridgeport, Bristol, Broad Brook, Canaan, Cheshire, Clinton, Colchester, Cornwall Bridge, Danbury, Danielson, Darien, Deep River, Derby, East Hartford, Essex, Fairfield, Farmington, Granby, Greenwich (2), Groton, Hampton, Hartford (4), Litchfield, Manchester, Meriden, Middletown (2), Moodus, Naugatuck, New Britain, New Canaan, New Hartford, New Haven (5), Newington, New London, New Milford, Newtown, Niantic, Norfolk, Norwalk,

\* See page 239 for national headquarters.

Norwich, Old Lyme, Pawcatuck, Portland, Putnam, Rockville, Simsbury, Southington, Stafford Springs, Stamford, Stratford, Suffield, Thompsonville, Torrington, Wallingford, Waterbury (2), Watertown, West Hartford, Westport, Wethersfield, Willimantic, Windsor, Windsor Locks, Winsted, Woodbury.

**Connecticut State Department of Public Welfare:** *Commissioner, Robert J. Smith, Hartford.*

**National Youth Administration, Region I:** See Massachusetts.

**Social Protection Section, Office of Defense Health and Welfare Services, Region I:** See Massachusetts.

**U. S. Army, First Corps Area:** See Massachusetts.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director, E. G. Woodward; State Home Demonstration Leader, Edith L. Mason, University of Connecticut, Storrs.*

**U. S. Navy, Third District:** See New York.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Paul Alcorn, University of Connecticut, Storrs.

**U. S. Public Health Service:** For *Director*, District I, see New York; for *Liaison Officer*, First Army Corps Area, see Massachusetts.

**Work Projects Administration:** *Director of Community Service Program, Mary M. Hughart, 134 Meadow Street, New Haven.*

**State Department of Health, Hartford.**—In six years 1,150 cases of syphilis have been uncovered by tests performed in the bureau of laboratories for marriage license law purposes, according to an article by Dr. Henry P. Talbot, director of the Bureau of Venereal Diseases, published in the monthly bulletin of the State Department of Health. Since passage of the Connecticut law, the first of its kind, twenty-five other states, including all the other New England states and New York, have passed similar legislation which requires a blood test for syphilis as a prerequisite for marriage license application.

During 1941 there were 147 cases of syphilis discovered among female applicants and 135 cases in the male group. Of total cases diagnosed in the six-year period, 53 per cent were males and 47 per cent females. Each year more cases of syphilis were diagnosed in the 20-29 age group than in similar age groupings under twenty or over thirty years. About 80 per cent of marriages in the state, however, occur in the 20-29 age group.

Of the 8,704 expectant mothers examined by serological test under the prenatal examination law, 51 individuals tested positive, but 11 of these were found not to be cases; 34 were placed under treatment.

A series of monthly all-day conferences was arranged for staff field nurses of the State Department of Health by the Bureau of Venereal Diseases on the subject of venereal disease control. Topics include: *Function of the Nurse in Venereal Disease Control; The Psychology of Approach to the Patient; Neurosyphilis; Medical Aspects of Gonorrhea; Findings of Research on 5-Day Treatment for Syphilis at the New Haven Hospital*; and review of case histories and discussion.

The State Department, in connection with Social Hygiene Day observance in February 1942, urged emphasis this year not only on curative aspects of venereal disease control, but also along educational and preventive lines, with stress on the following points: (1) Dissemination of sound information, particularly to youth, concerning syphilis and gonorrhea—through pamphlets, lectures, motion pictures, etc.; (2) Special appeal to law enforcement agencies—local and state police, and courts—to control vice conditions, particularly prostitution; (3) Cooperation of industry and labor in securing routine pre-employment examinations and follow-up to get cases under proper treatment;

and (4) Full coöperation and coördination on the part of the medical profession, health officers and clinical facilities.

**Committee on Social Hygiene Information, Connecticut Tuberculosis Association, Hartford.**—This Committee has been recently established and as yet has no report to make.

**New Haven Department of Health, Bureau of Venereal Diseases.**—The venereal disease control program of the Bureau, which embraces case finding, case treatment and education of the public, has not been materially altered in the past year. Activities have been extended, however, to include follow-up and arrangement of treatment for positive Selective Service cases and cases in which the prenatal blood test is positive.

There has been an increase in the number of talks arranged for clubs and organizations, particularly among the youth groups. More requests than ever before have come to the Bureau from high school and college students for assistance in study projects on social hygiene and venereal disease control, indicating an increasing awareness of the problem in the younger age groups. Exhibits have been arranged for several meetings, in particular for two industrial expositions attended by several thousand factory workers. The Bureau is working with the Industrial Health Committee of the State Medical Society to outline a program for education of industrial workers in venereal disease control and social hygiene.

Statutes of the state include the usual legislation against maintaining and running houses of prostitution, soliciting, etc. Police Department and Detective Bureau and Courts coöperate with Health Department in apprehending, trying and examining prostitutes. The problem in New Haven is not one of organized houses of prostitution, but of "pick-up" business in taverns.

The courts, policewomen, and some of the social agencies have done and are now doing some rehabilitation of prostitutes.

Church and family welfare groups actively support and participate in securing effective enforcement of laws and ordinances.

There is no planned or organized sex education program in the secondary schools, although some information is given in biology courses. Colleges have hygiene and public health courses. Young peoples groups at YM and YWCA, Jewish Community Center, and several churches and settlement houses have meetings with speakers on preparation for marriage, responsibilities of parenthood etc. Talks and films for NYA groups have been given by the Bureau.

## DELAWARE

<i>Population</i>	
<i>Urban</i>	139,432
<i>Rural</i>	127,073
<hr/>	
	266,505

<i>Population rank among states</i>	47
<i>A.S.H.A. members in state</i>	12

### *Social Hygiene Societies and Committees*

None.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, Inkerman Bailey, 405 Citizens Bank Bldg., Wilmington.

**Delaware Anti-Tuberculosis Society, Inc.:** *Executive Secretary*, G. T. Evans, 1308 Delaware Avenue, Wilmington.

- Delaware State Conference on Social Work: *Chairman*, B. E. Mullen, 910 Gilpin Avenue, Wilmington.
- Delaware Congress of Parents and Teachers: *President*, Mrs. P. C. Elliott, 200 West 9th Street, Wilmington; *Social Hygiene Chairman*, Mrs. W. B. Keyes, Clayton.
- Delaware Federation of Women's Clubs: *Chairman Public Health*, Mrs. J. Edwin Dutton, Jr., Cannon Street, Seaford.
- Delaware Nurses Association: *Executive Secretary*, Mrs. Mildred Abbott Marshall, 914 Jefferson Street, Wilmington; *Chairman*, Public Health Nursing Section, Mary Lenhoff, 200 W. 34th Street, Wilmington.
- Delaware Woman's Christian Temperance Union: *President*, Mrs. Anna Lee Waller, Delmar.
- Kiwanis International:\*
- Lions International:\*
- Medical Society of Delaware: *President*, William Marshall, Jr., M.D., Milford; *Secretary*, Wm. H. Speer, M.D., 917 Washington Street, Wilmington.
- Rotary International:\*
- United Service Organizations, Region III: See New York.

### Official Agencies

- Delaware State Board of Charities: *Executive Director*, C. Rollin Zane, Dover.
- Delaware State Board of Health: *Executive Secretary*, Edwin Cameron, M.D., Dover; *Acting Director*, Division of Communicable Disease Control, T. E. Hynson, M.D., Dover.

#### Clinics or Cooperating Clinicians at:

Dover, Frankford, Georgetown, Middletown, Milford, Newark, Rehoboth, Seaford, Smyrna, Wilmington (5).

- Delaware State Council for National Defense: *Executive Vice-chairman*, Gerrish Gassoway, 2 East 9th Street, Wilmington.
- Delaware State Department of Education: *Superintendent of Public Instruction and Secretary of the State Board of Education*, H. V. Holloway; *Director of Physical Education*, George W. Ayars.
- National Youth Administration, Region II: See Pennsylvania.
- Social Protection Section, Office of Defense Health and Welfare Services, Region III: See Pennsylvania.
- U. S. Army, Second Corps Area: See New York.
- U. S. Department of Agriculture, Extension Service: *State Extension Director*, G. L. Schuster; *State Home Demonstration Leader*, Mrs. H. V. McKinley, University of Delaware, Newark.
- U. S. Navy, Fourth District: See Pennsylvania.
- U. S. Office of Education, Civilian Morale Service: To receive material for *War Information Centers*, Jones E. Jeffries, State College for Colored Students, Dover; William D. Lewis, University of Delaware, Newark.
- U. S. Public Health Service: For *Director*, District I, and *Liaison Officer*, Second Army Corps area, see New York.
- Work Projects Administration: See Maryland.

**State Board of Health, Dover.**—In Delaware the venereal disease program is carried out by the Division of Communicable Disease Control. The program includes the operation of clinics for the treatment of all the venereal diseases, contact tracing, case finding, and follow-up work, the supplying of drugs to clinics and physicians for the treatment of these diseases, and such statistical and epidemiological studies as are indicated. A program of public education by means of talks, motion pictures and distribution of literature is carried on.

Drugs for the treatment of syphilis and other venereal diseases are supplied to the hospital clinics and to practicing physicians upon request for any properly reported case. Physicians conducting clinics are paid a small fee for each clinic

\* See page 239 for national headquarters.



attended. Indigent cases living more than ten miles from a clinic are treated by practicing physicians under an arrangement with the Board of Health. Epidemiological investigations are made by both the nursing and medical staff. The cooperation of the police is occasionally necessary but is only used when all other measures have failed. The juvenile courts and the mental hygiene clinics have been of great assistance in some cases.

In common with other states having large industrial concentrations, Delaware is giving attention to the prevention and control of venereal diseases among industrial workers. Several large industrial concerns are carrying on programs of blood-testing and health education.

Delaware has a law requiring prenatal examinations for syphilis, which became effective March 8, 1939. The proportion of physicians reporting prenatal examinations is increasing, according to the latest published report. The state is also among those which are considered to have adequate laws for the repression of prostitution.

## DISTRICT OF COLUMBIA

*Population*  
Urban 663,091

*Population rank among states* 37  
*A.S.H.A. members in state* 108

### Social Hygiene Societies and Committees

#### Washington:

**Social Hygiene Society of the District of Columbia:** *President*, H. H. Hazen, M.D.; *Executive Secretary*, Ray H. Everett, Room 311, 927 15th Street, N.W.

**Washington Liaison Office, American Social Hygiene Association:** *Associate Director in Charge*, Jean B. Pinney; *Office Secretary*, Gertrude R. Luce, Room 609, 927 15th Street, N.W.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, E. W. Luther, 2437 15th Street, N.W., Washington.

**Civitan International:** *District Governor*, Chesapeake District, John W. Farrell, 925 Fidelity Bldg., Baltimore, Md.

**District of Columbia Congress of Parents and Teachers:** *President*, Mrs. P. C. Ellett, 643 Ingraham Street, N.W., Washington; *Social Hygiene Chairman*, Mrs. E. B. Buckley, 7125 16th Street, N.W., Washington.

**District of Columbia Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Bertha B. Jones, 2627 Adams Mill Road, Washington.

**District of Columbia Nurses Association:** *Executive Secretary*, Edith M. Beattie, 1746 K Street, N.W., Washington; *Chairman*, Public Health Nursing Section, Marie A. Dougherty, 900 19th Street, N.W., Washington.

**District of Columbia Tuberculosis Association:** *Executive Secretary*, Herald H. Lund, 1601 18th Street, N.W., Washington.

**Kiwanis International:\***

**Lions International:\***

**Medical Society of the District of Columbia:** *President*, Henry R. Schreiber, M.D., Washington; *Secretary*, T. Wiprud, 1718 M Street, N.W., Washington.

**Rotary International:\***

**United Service Organizations, Region IV:** See Virginia.

### Official Agencies

**District of Columbia Council of Defense:** *Executive Director*, Col. Lemuel L. Bolles, Toner School Bldg., 24 and F Streets, N.W., Washington.

**District of Columbia Department of Education:** *Superintendent of Schools*, Frank W. Ballou, Washington; *First Assistant Superintendent in Charge of Colored Schools*, Garnet C. Wilkinson.

**District of Columbia Health Department:** *Health Officer*, George C. Ruhland, M.D., Washington; *Director*, Venereal Disease Division, William E. Graham, M.D.

\* See page 239 for national headquarters.

*Clinics or Cooperating Clinicians at: Washington (27).*

**National Youth Administration, Region IV:** See West Virginia.

**Social Protection Section, Office of Defense Health and Welfare Services, Region IV:** *Supervisor*, James S. Owens, *Representatives*: Marie Duffin, Hugh M. Gregory, 1025 Vermont Avenue, N.W., Washington.

**U. S. Army, Third Corps Area:** See Maryland.

**U. S. Navy:** *Venereal Disease Control Officer*, Lt. Comdr. E. E. Sullivan (MC), Navy Yard, Washington.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Walter G. Daniel, Howard University, Washington.

**U. S. Public Health Service:** For *Director* District II, and *Liaison Officer* Third Army Corps Area, see Maryland.

**Work Projects Administration:** See Maryland.

### **Health Department of the District of Columbia.—**

*Medical and Public Health Measures:* Facilities are being increased as rapidly as funds and satisfactory personnel can be obtained, although they are not yet adequate. Appropriations and public support seem to be gradually increasing. A physician and nurse have been assigned to the Women's Bureau for the purpose of examining each morning those women brought in during the night. Those found infected are placed under treatment.

*Health Education and Public Information:* Newspapers and radio stations, particularly Station WINX cooperate in campaign against venereal diseases.

*Distribution of pamphlets* is carried on by the Bureau of Public Health Instruction. Motion picture films, lectures are a part of the program.

#### **Legal and Protective Measures:**

Cooperation between the District of Columbia Health Department, the Police Department and the Army and Navy is being strengthened. Information as to sources of infection is being furnished these groups by the Health Department. Legal measures to compel infectious recalcitrant persons to take treatment are being contemplated. Steps are being taken to secure adequate space for these persons when they are apprehended.

The services of six additional epidemiologic workers has been made available through funds secured from the U. S. Public Health Service. These workers concentrate especially on persons reported by the Selective Service; on their contacts; and on contacts named by infected soldiers and sailors.

### **Social Hygiene Society of the District of Columbia, Washington.—**

The Annual Report of the Executive Secretary says: "Our Society, during the past year, has initiated and carried on an extensive wartime program in addition to continuing most of its normal peacetime activities. Fortunately many items in our normal program geared most effectively into the wartime machinery.

"Secretary Stimson, Secretary Knox, and Governor McNutt all agree with General Pershing in considering venereal disease 'by far the greatest single threat to military efficiency and morale.' They are united, also, in condemning prostitution as the outstanding source of venereal infections. Hence our Society's work in promoting better venereal disease control and more efficient law

enforcement in Metropolitan Washington has been a notable contribution to the nation's wartime effort.

*Meeting Basic Needs:* "The Society's prostitution surveys have provided the basis for more efficient law enforcement in that field. Our committee on medical measures was the first to call attention to the need of prophylaxis stations in Washington's central area where Service men seek recreation. It took a year to get these stations into operation but now they are functioning twenty-four hours a day, seven days a week. The Society's committee has presented to Congress the District's social hygiene needs and has been influential in securing thousands of needed dollars for increased personnel and facilities. The Society's committee on educational measures has worked, quietly but consistently, to secure increased attention to social hygiene problems in the school, the church, and the home. We have furnished pamphlets which have been found most useful in the nearby camps and have provided special articles for the camp newspapers.

"When the District's full time venereal disease officer resigned last summer and chaotic conditions developed in the clinics, our Society worked incessantly with the health officer in combing the country for the needed experienced and well-trained replacement. On numerous occasions the health officer has expressed appreciation for 'the effective and continuing help given by the Society.'

"The Society also has been confronted with a steadily increasing field for its consultation and advisory services in connection with the District's rapidly growing population. In order to provide this additional individual service it has been found advisable to schedule fewer public lectures—particularly as so many men and women now are engaged in Red Cross, Civilian Defense and other special duties that prevent their attendance at lectures. We have reached much larger audiences, however, through greatly increased use of the radio. This wider public likewise has benefitted through the extensive publication of social hygiene news, articles and editorials in Washington's newspapers. A whole-hearted vote of appreciation is extended to the local press for this fine assistance.

*Recommendations for Bettering Health and Welfare:* "Washington's legal, medical, and social programs for dealing with prostitution and its associated diseases need overhauling if we are to attain maximum constructive results. Practitioners of the oldest profession are largely responsible for the District's high venereal disease rate and for the infecting of many visiting selectees from surrounding camps.

"A series of vicious circles are apparent in the local situation. Uneven administration of justice resulting in light fines or sentences encourages the old merry-go-round procedure—arrest, inadequate penalties, and back on the street again. Lacks in medical treatment mean the continuance of disease spreading. And failures in providing social services and in segregating youth from the hardened older offenders mean that opportunities for rehabilitation of youthful offenders are lost. Some who might be saved from drifting further into the channels of delinquency never get a chance to return to socially useful activities.

"Recently the chairman of the Subcommittee on Social Protection and Venereal Disease, Civilian Mobilization Division, D. C. Office of Civilian Defense, submitted for that subcommittee and the Social Hygiene Society the following minimum recommendations for improving local conditions:

(1) A study of arrest, prosecution, and sentencing relating to prostitution in the District of Columbia, as a guide to sounder and more uniform justice.

(2) One hundred new beds at Gallinger Hospital for the quarantining and intensive medical treatment of infectious syphilis and gonorrhea cases.

(3) Social service workers for individual case work including vocational guidance and occupational therapy.

(4) Additional police and health department personnel to enable officials to reduce prostitution and its disease by-products to a minimum.

(5) Strengthening of the medical and social service programs in the District's penal institutions to assure continuing medical treatment and to provide for the social reconstruction of those susceptible to such measures.

"Immediate action on these recommendations is required to meet Washington's obligations to safeguard both its own residents and the youth now training to fight for Uncle Sam. Either through the District budget or through Federal grants-in-aid or both, funds for these essential additions should be provided.

*So Green Is Their Vista:* "With Mars in the saddle, Cupid's plans often go awry. War and its manifold dislocations of normal social life play havoc with the fond hopes of many young people. Hence we have had more of them coming to us for advice.

"'Shall we get married now or wait till he comes back—if he does come back?' That question, asked frequently these days, was raised most recently by a little, wide-eyed girl, who looks in her teens but actually is twenty-three years old. She's a government typist working on a late shift many miles from her suburban room but, she says, 'my man meets me every night at 11:30 and brings me home.' And when she says 'my man' you can just feel how much in love she is. But Uncle Sam wants him too, and soon. So what's to do about it?

"Her ignorance of what our conservatives still call 'the facts of life' is pathetic and, you say to yourself, she's mighty lucky to have met up with her 'man' rather than running crash into some of the more sordid adventures that so often confront a youngster of her type. He's a good, steady lad and he thinks of her as the world's eighth wonder.

"After discussing the pros and cons of their situation with them, and attempting a realistic inventory of its promises and risks in the light of today's topsy-turvy world conditions, they've decided to get married now. No decision is 100 per cent safe in these times, but we believe they have made the best choice and earnestly hope that Fate, in her court of last resort, will not reverse this judgment."

*Premarital and Postmarital Counseling:* "Marriage counseling—both before and after the knot has been tied—increasingly has become an important part of the Society's program. Ours is an informal service, solving problems where it can, and referring clients to other agencies or qualified individuals (physicians, lawyers, clergymen et al.) when advisable. The age-range of those seeking guidance this past year was from 17 to 63 years, and the difficulties dealt with were as diverse as the age-range would imply.

"With the influx of new workers in Washington, our marriage counseling service is receiving more referrals from other communities, notably from such former associates as Dr. Paul Popenoe in Los Angeles and Dr. Valeria Parker in New York. But, lest we seem to over-emphasize the scope of the Society's marriage guidance work, it is well to remember that approximately only 20 per cent or less of our time is devoted to this sector."

*Curing Syphilis and Gonorrhea:* Washington's system of treating and curing selectees who were rejected because of venereal disease is one of the best in the United States. Although some gaps still exist in this program, many of these rejectees will be ready to serve their country within the next few months. Case-finding and case-holding measures are steadily being improved, and the diagnosis and treatment of syphilis are in the hands of highly efficient technical personnel. With gonorrhea now a controllable disease, our educational efforts have a far more satisfactory base. For many years we have given syphilis the major role because there existed specific diagnostic procedures for determining cases, and specific therapeutic drugs for curing them. In gonorrhea, unfortunately, neither accurate diagnoses nor specific medication was available. At present, however, with the culture method displacing the old, unsatisfactory direct smear procedure as a diagnostic criterion, and the marvel-working sulfonamide compounds curing cases efficiently, quickly, and inexpensively, we have a much more optimistic picture to place before the public regarding gonorrhea. This sterilizing scourge—one that for centuries has directed its maiming and mutilating blows particularly

against womankind—probably can be doomed to early oblivion if public and private health agencies and physicians use with vigor and continuity the weapons now at hand.

*Old Man Mimeograph Keeps Rollin' Along:* "Physicians, nurses, and social workers asked, 'How about a venereal disease clinic directory?' We prepared one giving locations, days and hours of sessions, and personnel available. The first issue of 300 copies was quickly exhausted and demands for more kept coming in from government and department store first-aid stations, social agencies and other information channels. Then the personnel officer of People's Drugstores thought each of his managers should have a copy so that when inquiries were made regarding medications for self-treatment, the pharmacist could advise the prospective customer where to go for help in case he had no physician or couldn't afford private treatment. So the old mimeograph got busy again and groaned out another 700 copies most of which are now in use.

"Both the District Library—one of our best allies—and our Society have found wide use for the social hygiene bibliography we jointly prepared. The District Parent-Teachers Association consult it constantly as do ministers, parents, and young people in search of reliable books in our field. As for the monthly *News and Views*, it's in its 10th volume and still going strong.

"Another 20,000 of our valuable little folders on syphilis and gonorrhea have been given out in clinics, and through industrial, union, fraternal and church organization channels. Pamphlets from the Public Health Service and American Social Hygiene Association are made available for special needs.

"*Syphilis in the Negro*, a new book by our president Dr. H. H. Hazen, has just been published by the U. S. Public Health Service; likewise a pamphlet on venereal disease prophylaxis based on the findings of the National Committee for the Study of Venereal Disease Prophylaxis of which Dr. Hazen is chairman and your reporter, secretary. Both have contributed additional articles and reports which have been used by the Army, Navy, Public Health Service and other national and local agencies.

*Where Needs Are Greatest:* "Most encouraging has been the signal progress achieved in bettering the lot of Washington's Negro population this year insofar as social hygiene is concerned. Two well planned and widely attended institutes were conducted, the first for physicians and the second for teachers and administrators of Divisions 10-13, District of Columbia Public Schools. The post-graduate courses for the medicos were sponsored and promoted by the District of Columbia Tuberculosis Association, District of Columbia Medico-Chirurgical Society, District of Columbia Social Hygiene Society, Maryland Tuberculosis Association, Virginia Tuberculosis Association, and Howard University College of Medicine. The Social Hygiene Institute for educators was under the aegis of the Department of Health and Physical Education, Public Schools of the District of Columbia, Divisions 10-13, Health Service, Howard University, and the Social Hygiene Society.

"In addition to this special training for leaders, many lectures, broadcasts, motion picture showings, and exhibits reached the rank and file in churches, clinics, schools, lodge halls, and other gathering places. All these efforts show results in increases among those seeking diagnosis and treatment, and in attempts to better the home and community conditions which so largely are responsible for the abnormally high disease and delinquency rates that handicap this population group.

"At its October 1941 meeting the Society's board passed the following resolution: 'Recognizing the high incidence of venereal disease in the Negro population, a majority of whom, because of economic conditions, must seek treatment at clinics:

"'And recognizing the current shortage of physicians and nurses, be it

"'Resolved—that the Social Hygiene Society urges an extension of the use of adequately trained Negro physicians, nurses, and social workers in treating Negro patients in clinics, the bulk of whose patients are of that race.'"

*Surveys and Data:* Our offices continue to be a central service reservoir for sound data, statistics, and specialized studies when indicated. A good example of such studies is the annual drugstore survey which attempts to ascertain the extent of "over-the-counter" sales of venereal disease nostrums for self treatment and the extent of "back-room diagnosis" and similar unethical practices. The 1942 study indicates again that Washington druggists are maintaining higher ethical standards in this field than are those of other comparable cities.

*Initiators, Planners, and Doers:* Under the chairmanships of Judge Fay L. Bentley, Doctors George W. Creswell and Russell J. Fields, Captain Rhoda Milliken, and Esther Scott, the Society's four standing committees have done yeoman service this year. Judge Bentley's committee planned our unusually successful Social Hygiene Day Luncheon and Annual Meeting with Governor McNutt and Dr. Overholser as principal speakers; Doctors Creswell and Fields led the medical and public health fronts against syphilis and gonorrhea; Captain Milliken served as chief-of-staff on the social protective front; and Miss Scott devoted many productive hours of effort toward energizing the social hygiene content of Washington's public school curricula. Would that space permitted a more comprehensive appreciation of the numerous beneficial results achieved by these generals and their host of lieutenants on special and sub-committees. Washington owes them and the Society's officers and board members a citation "for distinguished civic service."

To permit closer contact with national agencies, both governmental and voluntary, and especially with the former since war was declared, the A.S.H.A. since 1937 has maintained a *Liaison Office* in Washington. Miss Jean B. Pinney, Associate Director of the Association, is at present in charge, with Mrs. Gertrude R. Luce acting as Office Secretary. Dr. Snow, Dr. Clarke, and other members of the national staff are frequently "in residence" at the Liaison Office for purposes of conference with Army, Navy, Public Health Service, Social Protection Section, or other officials with whom the Association is working, or for attendance at the meetings of special groups, including the National Research Council, the Interdepartmental Venereal Disease Committee, the National Police Advisory Committee, the Advisory Council of the Women's Interest Section, War Department, and numerous others. Officers and staff members of the A.S.H.A. are frequently called, also, to appear at Congressional hearings on important matters such as the annual appropriations for the U.S.P.H.S. for venereal disease control work under the LaFollette-Bulwinkle Act of 1937.

Since the Liaison Office is located in the same office building with the Social Hygiene Society of the District of Columbia, a close and valuable interchange of information and services is also effected with local social hygiene workers. An example was the Social Hygiene Day luncheon above referred to, when the A.S.H.A.'s Youth Service entertained as its guests representatives of youth groups from most of the 48 states.

## FLORIDA

*Population*  
*Urban* 1,045,791  
*Rural* 851,623  


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 1,897,414

*Population rank among states* 27  
*A.S.H.A. members in state* 45

### Social Hygiene Societies and Committees

#### Jacksonville:

Florida Social Hygiene Council: *President*, Mrs. Willis M. Ball, 1885 Powell Place.

Duval County Social Hygiene Council: *President*, Lauren Sompayrac, M.D.; George W. Simons, Jr., 404 Hildebrandt Bldg.

### Other Voluntary Agencies

- American Legion:** *Department Adjutant*, C. Howard Rowton, Palatka, Florida.
- Civitan International:** *District Governor*, Florida District, James N. Burden, County Tax Assessors Office, Orlando, Florida.
- Florida Congress of Parents and Teachers:** *President*, Mrs. L. H. Gibbs, Box 100 F, Route 1, Orlando; *Social Hygiene Chairman*, Joe Hall, State Board of Education, Tallahassee.
- Florida Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. William Pepper, Gainesville.
- Florida Junior Chamber of Commerce:** *President*, Dr. Joy Adams, 401 Florida National Bank Bldg., St. Petersburg.
- Florida Medical Association:** *President*, G. S. Osineup, M.D., Orlando; *Secretary*, Shaler Richardson, M.D., Box 1018, Jacksonville.
- Florida Nurses Association:** *Executive Secretary*, Mrs. Phykus R. Leonard, P. O. Box 1007, St. Augustine; *Chairman*, Public Health Nursing Section, Mrs. Audrey Gallion, 1215 N.E. 4th Street, Ft. Lauderdale.
- Florida State Conference of Social Work:** *President*, L. R. Bristol, 826 Newark Street, West Palm Beach.
- Florida State-wide Public Health Committee:** *President*, Dean Walter J. Mathewly, University of Florida, Gainesville; *Secretary*, Jean Henderson, Florida State Department of Health, Jacksonville.
- Florida Tuberculosis and Health Association, Inc.:** *Executive Secretary*, Mrs. May McCormick Pynchon, 111 West Ashley Street, Jacksonville.
- Kiwanis International:**\*
- Lions International:**\*
- Rotary International:**\*
- United Service Organizations, Region VII.** See Georgia.

### Official Agencies

- Florida State Board of Health:** *State Health Officer*, Henry Hanson, M.D., Jacksonville; *Director*, Division of Venereal Disease Control, W. T. Sowder, M.D.

#### Clinics or Cooperating Clinicians at:

- Apalachicola, Apopka, Avon Park, Baldwin, Bartow, Belle Glade (3), Boca Raton, Bradenton, Bronson, Brownsville, Bunnell, Callahan, Carrabelle, Cedar Keys, Century, Chattahoochee, Chiefland, Clearwater, Clermont, Cottondale, Crawfordville, Crestview, Defuniak Springs, Delray, Eustis, Fernandina, Fort Lauderdale, Fort Pierce, Gainesville, Graceville, Green Cove Spring, Greensboro, Greenwood, Gretna, Groveland, Gulf Hammock, Havana, Hilliard, Hollywood, Jacksonville (2), Jacksonville Beach, Jasper, Key West, Kissimmee, Lakeland, Lake Placid, Leesburg, Macclenny, Marianna, Miami (2), Milton, Molino, Moore Haven, Mount Dora, Orlando, Otter Creek, Pahokee (3), Panama City, Pensacola, Perry, Plant City, Popano (2), Port St. Joe (2), Punta Gorda, Quincy, River Junction, Safety Harbor, St. Augustine, St. Cloud, St. Petersburg (3), Sanford, Sarasota, Sebring, Shady Grove, Sneads, Sopchoppy, Starke, Steinhatchee, Tallahassee, Tampa (2), Tarpon Springs, Tavares, Trenton, Umatilla, Venus, Vero Beach, Wakulla, West Palm Beach (2), Wewahatchka, Williston, Wimauma, Winter Garden, Winter Park, Yulee.
- Florida State Department of Education:** *State Superintendent of Public Instruction*, Colin English, Tallahassee; *Director*, Physical Education, Department of Public Instruction, Joe Hall; *State Agent for Negro Education*, D. E. Williams.
- Florida State Welfare Board:** *Commissioner*, Clayton C. Codrington, 49 West Duval Street, Jacksonville.
- National Youth Administration, Region VII:** See Georgia.
- Social Protection Section, Office of Defense Health and Welfare Services, Region VII:** See Alabama.
- State Defense Council of Florida:** *Executive Director*, George L. Burr, Jr., 325 Tallahassee Administration Bldg., Tallahassee.
- U. S. Army, Fourth Corps Area:** See Georgia.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, Wilmon Newell, Agricultural Extension Service, Experiment Station, Gainesville;

\* See page 239 for national headquarters.

*State Home Demonstration Leader, Mary E. Keown, Florida State College for Women, Tallahassee.*

**U. S. Navy, Seventh District, Eastern Florida:** The Commandant, Headquarters, Jacksonville, Florida; **Western Florida, Eighth District:** See Louisiana. **Veneral Disease Control Officer, Lt. (jg) A. F. Turner, Jr., (MC-V); Lt. A. B. Litterer (MC), Naval Air Station, Jacksonville; Lt. M. Leider (MC), Naval Air Station, Pensacola.**

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Miss M. L. Watkins, Florida Agricultural and Mechanical College for Negroes, Tallahassee; Dean H. W. Chandler, University of Florida, Gainesville.

**U. S. Public Health Service:** For *Director*, District IV, and *Liaison Officer*, Fourth Army Corps Area, see Louisiana.

**Work Projects Administration:** *Director of Community Service Program*, Mrs. Rolla A. Southworth, 49 West Duval Street, Jacksonville.

**Florida State Board of Health, Jacksonville.**—The number of venereal disease clinics in Florida has increased from 65 in 1940 to 104, covering the year 1941 and the first six months of 1942. Private physicians trained in venereal disease clinic methods added to the clinic staffs on a fee basis number 76. The total increase in the number of clinics does not altogether reflect the increase in venereal disease control, as many small clinics were discontinued and were consolidated into one large clinic. In all the clinics the services of the private physicians are being utilized to a maximum degree.

The increase in the clinic load is reflected in the monthly average number of patients treated for syphilis in all the clinics in the state. An average of 12,600 patients was treated monthly in all the clinics. This average has increased constantly, but in a more accelerating degree for 1941 than for the previous three years.

New cases of syphilis totaling 7,014 were also reported by private physicians and were presumably under treatment. The number of patients who are, or have been under treatment during 1941, therefore, is close to 20,000.

Educational efforts have increased correspondingly. All educational media, including large newspaper coverage, pamphlets, lectures, motion pictures, radio have been used. Rest-room placards have been installed widely. High school populations have been reached through the use of films on syphilis and gonorrhea. The addition of a Negro venereal disease educator working directly with influential groups of the Negro population and with schools is an important step in progress.

The influential public in Florida has been informed about the venereal disease and prostitution problems and has been of much assistance. Towns and cities adjacent to military camps have cooperated in the control of the prostitution problem.

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The Florida State-Wide Public Health Committee joined with other voluntary and official organizations in sponsorship of the Southeastern Conference on **Sixth National Social Hygiene Day** on February 4, 1942, at **Jacksonville**. Dr. Edward L. Keyes, A.S.H.A., Honorary President, took part in the program, which dealt with the topic **Social Safety in Wartime and After**, and included morning, luncheon and afternoon sessions. (See March, 1942, J. S. H. for full account.) Other A.S.H.A. officers and staff members who have visited Florida within past months for purposes of conference with local health, law enforcement and educational authorities, are: Mr. Johuson, Miss Pinney, Dr. Storey, Professor Bigelow, and Mr. Stenek.



## GEORGIA

### Population

Urban 1,073,808

Rural 2,049,915

3,123,723

Population rank among states 14

A.S.H.A. members in state 73

### Social Hygiene Societies and Committees

**Atlanta:** Georgia Social Hygiene Council: *President*, Prof. Ralph E. Wager, Emory University; *Secretary*, C. D. Bowdoin, M.D.

**Columbus:** Social Hygiene Committee, Council of Social Agencies: *Chairman*, Miss Hattie Weldon, Public Health Nursing Association.

**Social Hygiene Committee, Defense Council,** *Chairman*, Captain James Lovelass, Post Hospital, Fort Benning.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Stanley A. Jones, 221 Forsyth Street, Macon.

**Civitan International:** *District Governor*, Georgia District, H. L. Sutton, M.D., Villa Rica.

**Georgia Conference on Social Work:** *President*, Florence van Sickler, 11 Pryor Street, Atlanta.

**Georgia Congress of Parents and Teachers:** *President*, Mrs. Robert A. Long, 1082 St. Charles Place, Atlanta; *Social Hygiene Chairman*, C. D. Bowdoin, M.D., State Capitol, Atlanta.

**Georgia Council of Church Women:** *President*, Mrs. Fred T. Bridges, 102 Kings Highway, Decatur.

**Georgia Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Claude Williams, Gainesville.

**Georgia Junior Chamber of Commerce:** *President*, Earl Staples, Carrollton.

**Georgia Nurses Association:** *Executive Secretary*, Durice Dickerson, 131 Forrest Avenue, N.E., Atlanta; *Secretary*, State Organization for Public Health Nursing, Mrs. Maud Fleming, Hall County Department of Health, Gainesville.

**Georgia Tuberculosis Association:** *Executive Secretary*, James P. Faulkner, 607-11 Chamber of Commerce Bldg., Atlanta.

**Kiwanis International:\***

**Lions International:\***

**Medical Association of Georgia:** *President*, J. A. Redfearn, M.D., Albany; *Secretary*, E. D. Shanks, M.D., 478 Peachtree Street, N.E., Atlanta.

**Rotary International:\***

**United Service Organizations, Region VII:** *Acting Executive*, J. L. Swingle, 160 Peachtree Street, Atlanta.

### Official Agencies

**Citizen's Defense Committee:** *Executive Director*, Charles H. Patterson, 235-6 State Capitol, Atlanta.

**Georgia State Department of Education:** *Superintendent of Schools*, M. D. Collins, Atlanta; *Director Negro Education*, Robert L. Cousins.

**Georgia State Department of Public Health:** *Commissioner of Health*, T. F. Abercrombie, M.D., Atlanta; *Director, Division of Venereal Diseases*, J. M. Walton, M.D.

### Clinics or Cooperating Clinicians at:

Ackworth, Alamo, Albany (3), Alpharetta, Alto, Americus, Amsterdam, Arlington, Athens, Atlanta (3), Augusta, Bainbridge, Barnesville, Barwick, Baxley, Ben Hill, Blackshear, Blue Ridge, Bronwood, Brookfield, Brooklet, Brunswick (2), Buford, Butler, Byron, Cairo, Calvary, Camilla, Carnesville, Cartersville, Chamblee, Chattahoochee, Chickamauga, Chipley, Chula, Claxton, Clayton, Cochran, Columbus (2), College Park, Cordele (2), Cornelia, Crescent (2), Cuthbert, Dahlonega, Dalton, Darien (2), Dawson, Decatur, Doerun, Donalsonville, Douglas,

\* See page 239 for national headquarters.

Douglasville, Eastman, East Point, Eatonton, Edison, Eulonia, Everett City, Fairburn, Folkston (2), Ft. Valley, Gainesville, Gibson, Gough, Grantville, Gray, Graymont, Greensboro, Greenville, Griffin, Hapeville, Hinesville, Homerville, Irwinton, Jackson, Jefferson, Jeffersonville, Jesup, Kingsland (2), Knoxville, LaFayette, La Grange, Lakeland, Lavonia, Lawrenceville, Leary, Leesburg, Leslie, Lindale, Lithonia, Louisville, Ludowici, Lumber City, Lyons, Macon, Manchester, Marshallville, McDonough, McRae, Meridian, Metter, Midville, Milledgeville, Millen, Millhaven, Monroe, Monticello, Morgan, Moultrie, Nahunta, Newman, Norcross, Ochlochnee, Omega, Palmetto, Parrott, Pearson, Pelham, Pembroke, Plains, Powder Springs, Quitman, Reynolds, Reynoldsville, Riceboro, Ringgold, Rome, Rossville, Roswell, Royston, St. George, Sandersville, Sandy Springs, Sardis, Sasser, Savannah, Smithville, Soperton, Sparta, Springfield, Statesboro, Sterling, Stockton, Stone Mountain, Sylvania, Sylvester, Thomaston, Thomasville, Tifton, Toccoa, Townsend (7), Ty Ty, Union Point, Valdosta, Vidalia, Vidette, Warm Springs, Warsaw, Waverly, Waverly Hall, Wayercross, Waynesboro, Ways Station, West Point, Whigham, White Oak, Willachoochee, Winder, Woodbine (3), Wrens, Zebulon.

**Georgia State Department of Public Welfare:** *Director*, Braswell Deen, Atlanta.  
**National Youth Administration, Region VII:** *Regional Director of Youth Personnel*, C. O. Emmerich, 10 Forsythe Street Bldg., Atlanta.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VII:** See Alabama.

**U. S. Army, Fourth Corps Area:** Headquarters, Post Office Bldg., Atlanta.  
*Venereal Disease Control Officer*, Captain Ernest B. Howard (MC).

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, Walter S. Brown; *State Home Demonstration Leader*, Lurline Collier, Georgia State College of Agriculture, Athens.

**U. S. Navy, Sixth District:** See South Carolina.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Mrs. Virginia L. Jones, Atlanta University, Atlanta; Margaret Johnson, Emory University; Betty Ferguson, Georgia State College for Women, Milledgeville; Wayne S. Yenawine, University of Georgia, Athens.

**U. S. Public Health Service:** For *Director*, District IV, see Louisiana; *Liaison Officer*, Fourth Army Corps Area, P. A. Surgeon Robert H. Onstott, Post Office Bldg., Atlanta.

**Work Projects Administration:** *Director of Community Service Program*, Jane Van De Vrede, 10 Forsythe Street Bldg., Atlanta.

**Georgia Department of Public Health, Atlanta.**—During 1941 new cases of syphilis reported to this Service by private physicians were 3,381; 18,276 new cases of syphilis were admitted to the clinics, making a total of 21,657 new cases of syphilis reported. There was a total of 21,725 new cases of syphilis reported in 1940. Private physicians reported 375 new cases of gonorrhea, clinics reported 2,986 new cases, a total of 3,361. 982 cases of gonorrhea were reported in 1940. Private physicians reported 30 cases of chancroid, 160 cases were reported by clinics, a total of 190 cases. There were 55 cases of chancroid reported in 1940.

Case reports are received by the Venereal Disease Control Service from private physicians on individual case report cards (which are also used for ordering free drugs), and from venereal disease clinics.

An estimated total of 1,340,826.5 doses of neocarsphenamine, sulpharsphenamine, mapharsen, stovarsol, bismuth, sulfanilamide, and sulfathiazole were issued to private physicians and clinics for the treatment of syphilis and gonorrhea, as compared with 1,646,301 doses for 1940. The use of sulfanilamide was discontinued in February and sulfathiazole was distributed in its place.

At the end of the year, there was a total of 199 clinics operating in 102 counties; 8 convict clinics were in operation; 222 physicians were receiving honoraria at the rate of \$5.00 per clinic session for conducting free venereal

disease clinics. A clinic session is defined as a minimum of 20 patients and a maximum of 50 patients.

During the year, 347,270 serologic examinations for syphilis were performed by the central laboratory and the two branch laboratories. Of this number, there were 50,695 (14.6%) positive reactions. The number of serologic examinations for 1940 was 232,326, with 38,893 (16.7%) giving a positive reaction. A total of 309 darkfield examinations was made, with 77 (24.9%) giving a positive reaction. The number of darkfield examinations for 1940 was 381, with 80 (21.0%) giving a positive reaction. During 1941, there were 9,882 examinations made for gonococci, with 1,929 (19.5%) giving a positive reaction. During 1940, there were 8,146 examinations made for gonococci, with 1,818 (22.3%) giving a positive reaction.

A total of 8 lectures was made during the year to a total audience of 310. Films were shown to 155 groups, comprising an audience of 19,792. Approximately 46,168 pieces of literature on venereal diseases were distributed, as compared with 26,331 pieces of literature distributed during 1940. There were 124 clinic visits made, 107 conferences, and 6 meetings attended. Two radio talks were made during the year.

Follow-up is made on all venereal disease cases and contacts referred to us by institutions, Army, Navy, private physicians, and clinics.

A course designed to bring to medical practitioners the latest available information about venereal diseases was presented at the University of Georgia School of Medicine, Augusta, Georgia. It was sponsored by the Georgia Department of Public Health in coöperation with the U. S. Public Health Service and the Board of Regents of the University System. Didactic and clinical material concerning the five venereal diseases was presented by the medical staff at that institution. Each course lasted two weeks, and accommodated 10 physicians at each session. The physicians were paid an honorarium of \$50.00 to cover their expenses while in Augusta. This course was discontinued in the late Spring.

Selective Service regulations require a serologic test for syphilis on those registrants who are called for physical examination by local boards. Prior to call for induction, a second serologic test is required on every registrant whose first test was reported positive. All positive cases are referred back to the health officer, or where there is no health officer, to the regional medical director. The health officer and the regional medical director then see that these cases are placed under treatment.

*Syphilis Control in Industry:* It is hoped that, with the setting up of the new Division of Industrial Hygiene, a worthwhile program of venereal disease control measures in industry can be carried on by collaboration of the Divisions of Industrial Hygiene, Public Health Education and Venereal Disease Control. The new sound film *Know for Sure* is well adapted for industrial male audiences. Six copies have been ordered, a copy to be given each region. A widespread educational program among industrial workers is much needed.

**Georgia Social Hygiene Council, Atlanta.**—This state-wide voluntary group reports that it faces a tremendous problem at present, in that three large Army cantonments are located near its headquarters and a large war industrial plant is under construction. Recreational centers are provided in Atlanta.

The Council is about to take on a full-time field executive, to organize the forces of the State and carry on a social hygiene educational campaign. Meantime much progress has been made: Public health facilities for finding and treating cases of syphilis and gonorrhea have been greatly increased; state and local pharmaceutical groups are aware of their responsibility to fight quackery; news-

papers, radio and churches are cooperating in education and public information. Georgia has good laws against prostitution and plans are on foot for adequate facilities to care for women and girls who have been engaged in prostitution. Georgia does not provide by law for protection of marriage and childhood from venereal diseases, but an effort is being made to get such bills considered at the next legislature. The Council, as usual, celebrated *Social Hygiene Day*, with a public meeting.

A number of A.S.H.A. staff members have visited the city of **Atlanta** during the past year, including Dr. Storey, Mr. Johnson and Mr. Stenek, for conference with Army officials, health and law enforcement authorities.

### IDAHO

#### Population

Urban 176,708  
Rural 348,165

524,873

Population rank among states 43  
A.S.H.A. members in state 13

### Social Hygiene Societies and Committees

#### Boise:

Idaho Public Health Association: *Secretary*, H. C. Clare.

Idaho State Anti-Syphilis Society: *Secretary*,

### Other Voluntary Agencies

American Legion: *Department Adjutant*, Lester F. Albert, 316 State Street, Boise.

Idaho Anti-Tuberculosis Association: *President*, Alfred M. Popna, M.D., 211 Capitol Securities Bldg., P. O. Box 1703, Boise.

Idaho Conference of Social Work: *President*, A. H. Christianson, Veterans Administration, Boise; *Executive Secretary*, Mrs. Frances Humphrey Stanwood, 440½ West Second Avenue, Twin Falls.

Idaho Congress of Parents and Teachers: *President*, Mrs. R. L. Brainard, Wardner; *Social Hygiene Chairman*, Mrs. A. H. Knudsen, 320 Military Drive, Coeur d'Alene.

Idaho Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. Catherina Athey, 309 Jefferson St., Boise.

Idaho Junior Chamber of Commerce: *President*, Robert A. Hogg, c/o Idaho Power Company, Boise.

Idaho Nurses Association: *Secretary*, Annie L. Crawford, State Hospital South, Blackfoot.

Idaho State Medical Association: *President*, Paul M. Ellis, M.D., Wallace; *Secretary*, F. B. Jeppesen, M.D., 105 N. 8th Street, Boise.

Idaho Woman's Christian Temperance Union: *President*, Mrs. Bethel B. Day, 941 California Street, Gooding.

Kiwanis International:\*

Lions International:\*

Rotary International:\*

United Service Organizations, Region XI: See Missouri.

### Official Agencies

Idaho Civilian Defense: *Coordinator*, C. E. Arney, State Capitol, Boise.

Idaho State Department of Education: *State Superintendent of Public Instruction*, C. E. Roberts, Boise.

Idaho State Department of Health: *Health Officer*, E. L. Berry, M.D., Boise.

\* See page 239 for national headquarters.

*Clinics or Cooperating Clinicians at:*

Boise, Coeur d'Alene, Idaho Falls, Lewiston, Pocatello, Twin Falls, Wallace.

**National Youth Administration, Region XI:** See Colorado.

**Social Protection Section, Office of Defense Health and Welfare Services, Region XI:** See Colorado.

**U. S. Army, Ninth Corps Area:** See Utah.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, E. J. Iddings; *State Home Demonstration Leader*, Marion M. Hepworth, College of Agriculture, University of Idaho, Moscow.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*: M. Belle Sweet, University of Idaho, Moscow.

**U. S. Navy, Thirteenth District:** See Washington.

**U. S. Public Health Service:** For *Director*, District VIII, see Colorado; for *Liaison Officer*, Ninth Army Corps Area, see Utah.

**Work Projects Administration:** *State Director of Community Service Program*, Eva Bourgeois, P. O. Box 1459, Fairgrounds, Boise.

**Idaho Congress of Parents and Teachers.**—Work for the passage of premarital and prenatal examination laws has been an important part of the past year's program of the Parent-Teacher Congress, with a recommendation by the State Convention in April that every candidate for the Legislature be contacted with regard to these bills. Dr. Oscar Kaplan, State Chairman for Mental and Social Hygiene of the Congress, reports that support of the proposed laws has been secured from the Idaho State Medical Association, Idaho Home Economics Association, Idaho Conference on Social Work, Idaho Nurses' Association, Idaho Public Health Association and several other professional groups. The measures are being supported not only as a means for detecting and treating cases of syphilis, but as an important means of public education regarding the venereal diseases.

**Idaho State Department of Public Health and the Idaho Public Health Association.**—At the beginning of the year 1941, clinics for the treatment of syphilis and gonorrhea were maintained in Coeur d'Alene, Lewiston, Twin Falls, and Pocatello. These clinics operated during the entire year. In addition, clinics were established at Wallace, Boise, and Idaho Falls and were conducted by private physicians in cooperation with the State Department of Public Health. In August, 1941, the clinic in Boise was taken over by the Boise City Health Unit. Law enforcement officials, in each of the areas where clinics are conducted, cooperated with the health officials in the suppression of commercialized prostitution.

The State Department of Public Health cooperated with the Selective Service Boards by performing all serological tests on selectees and in epidemiological investigations of those cases with positive serology. The serological examinations performed by the Division of Laboratories increased 38.6 per cent over the previous year. There has been an increase in the number of follow-up studies on cases and case contacts.

A syphilologist was employed by the State Department of Public Health to discuss the treatment of syphilis with members of the district medical societies. These lecture courses are important in giving the practicing physicians the latest developments in this field. The majority of workers employed in war industries are given physical examinations, including serological tests for syphilis. Persons found infected are given advice and assistance in obtaining treatment.

Newspapers and other publications cooperate fully in the campaign against the venereal diseases. Other channels of information to the public are talks to groups and distribution of literature by the Department of Public Health and the Public Health Association. An active program in social hygiene for young people is also being carried on by the Idaho State Health and Physical Education Association.

Miss Shenehon of the A.S.H.A. staff visited Lewiston and Cheyenne during the summer of 1941, attending the State Conference of Social Work.

## ILLINOIS

*Population*  
*Urban* 5,809,650  
*Rural* 2,087,591  
 7,897,241

*Population rank among states* 3  
*A.S.H.A. members in state* 269

### Social Hygiene Societies and Committees

**Champaign:** Social Hygiene Committee of Champaign-Urbana: *President*, J. G. Thomas; *Secretary*, Howard A. Amerman, 303 S. Wright Street.

#### Chicago:

**Central States Division, American Social Hygiene Association:** *Field Consultant*, Bertha M. Shafer, M.D., 9 East Huron Street.

**Chicago Coordinating Committee on Social Hygiene Day:** *Chairman*, Bertha M. Shafer, M.D., 9 East Huron Street.

**Illinois Social Hygiene League:** *President*, Louis E. Schmidt, M.D.; *Executive Director*, Bertha Shafer, M.D., 9 East Huron Street.

**Illinois Society for the Prevention of Blindness:** *Executive Secretary*, Audrey N. Hayden, 203 N. Wabash Avenue.

**Chicago Committee of Fifteen:** (Inactive.)

**Juvenile Protective Association:** *President*, Mrs. George R. Dean; *Executive Director*, Jessie L. Binford, 816 S. Halstead Street.

**Public Health Institute:** *President*, Joseph H. King; *Secretary*, C. A. Cummings, 159 North Dearborn Street.

**Danville Social Hygiene Association:** *Chairman*, W. H. Debenham, Y.M.C.A.

**Decatur:** Social Hygiene Committee, Decatur Health Council: *Chairman*, Lloyd C. Brown, 137 S. Church Street.

**Evanston Social Hygiene Organization:** *Chairman*, Mrs. Frank W. Cauley, 1519 Hinman Avenue.

**Moline Public Health Forum:** *Chairman*, Miss Mabel M. Dunlap, 1531 Third Ave.

**Robinson Social Hygiene Association:** *President*, P. K. Houdek.

**Rock Island:** Social Hygiene Committee, Rock Island Council of Social Agencies: *Acting Chairman*, Mrs. J. B. Frederick.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, William C. Mundt, McBarnes Bldg., Bloomington.

**Civitan International:** *District Governor*, North Central District, Martin B. Romeiser, 1730 Greenleaf Avenue, Chicago.

**Illinois Conference on Social Welfare:** *Executive Secretary*, Bernard Roloff, 225½ South Fourth, Springfield.

**Illinois Congress of Parents and Teachers:** *President*, Mrs. F. Russell Lyon, 6100 Newburg Avenue, Chicago; *Social Hygiene Chairman*, Bertha Shafer, M.D., 25 East Washington Street, Chicago.

**Illinois Council of Church Women:** *President*, Mrs. Carl Kirby, Tallula.

**Illinois Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. S. Mirabella, 2425 S. Oakley Avenue, Chicago.

- Illinois Junior Chamber of Commerce:** *President*, Crawford Starr, 213 St. Louis Street, Joliet; *Executive Vice-president*, Douglas H. Timmerman, The Merchandise Mart, Chicago.
- Illinois Nurses Association:** *Executive Secretary*, Charlotte Landt, 8 South Michigan Avenue, Chicago; *Chairman*, Public Health Nursing Section, Marguirete Boom, 1004 Main Street, Evanston.
- Illinois State Medical Society:** *President*, Edward H. Weld, M.D., Rockford; *Secretary*, Harold M. Camp, M.D., 224 S. Main Street, Monmouth.
- Illinois Tuberculosis Association:** *Executive Secretary*, Mrs. Theodore B. Sach, 343 S. Dearborn Street, Chicago.
- Illinois Woman's Christian Temperance Union:** Headquarters, Room 1209, 189 W. Madison Street, Chicago. *In charge*, Mrs. N. T. Palmer; *President*, Mrs. Maude Petteys Fairbairn.
- Kiwanis International:**\*
- Lions International:**\*
- Rotary International:**\*
- United Service Organizations, Regions V, VI and VIII:** *Executive*, Ivan B. Rhodes, 835 Field Bldg., Chicago.

### Official Agencies

- Illinois State Council of Defense:** *Executive Director*, Major General Frank Parker, 188 W. Randolph Street, Chicago.
- Illinois State Department of Education:** *Superintendent of Public Instruction*, John A. Wieland, Springfield; *Director of Physical Education*, Don Cash Seaton.
- Illinois State Department of Public Health:** *State Director of Public Health*, Ronald R. Cross, M.D., Springfield; *Chief*, Division of Venereal Disease Control, Herman M. Soloway, M.D.

### Clinics or Cooperating Clinicians at:

Alton, Anna, Aurora, Belleville, Berwyn, Bloomington, Cairo, Calumet City, Champaign, Chicago (39), Chicago Heights, Decatur, East St. Louis, Evanston, Galesburg, Granite City, Harvey, Herrin, Jacksonville, Joliet, La Salle, Macomb, Mattoon, Maywood, Metropolis, Moline, New Shawneetown, Peoria (2), Quincy, Robbins, Rockford, Sparta, Waukegan.

- Illinois State Department of Public Welfare:** *Director*, A. L. Bowen, Springfield.
- National Youth Administration, Region VI:** *Regional Director of Youth Personnel*, Marion Hawthorne, Civic Opera Bldg., 20 N. Wacker Drive, Chicago.
- Social Protection Section, Office of Defense Health and Welfare Services, Region VI:** *Supervisor*, Mrs. Janet Burgoon; *Representatives*, Henry W. Waltz, Julia Mae Hamilton, Alfred V. Taylor, 105 West Adams Street, Chicago.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. P. Rusk; *State Home Demonstration Leader*, Mrs. Kathryn Van Aken Burns, College of Agriculture, University of Illinois, Urbana.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Dr. Charles E. Howell, Northern Illinois State Teachers College, DeKalb; Robert E. Scudder, Northwestern University, Evanston; Dr. Robert B. Browne, University of Illinois, Urbana.
- U. S. Army, Sixth Corps Area:** Headquarters, Post Office Bldg., Chicago; *Venereal Disease Control Officer*, Captain Oscar D. Schwartz (MC).
- U. S. Navy, Ninth District:** The Commandant, Headquarters, Great Lakes Station; *Venereal Disease Control Officer*, Lt. (jg) J. J. Burke (MC-V), District headquarters; Lt. Comdr. A. Ross (MC), Naval Training Station, Navy Pier, Chicago.
- U. S. Public Health Service:** *Director*, District III, Senior Surgeon Mark V. Ziegler; *Liaison Officer*, Sixth Army Corps Area, Surgeon Adolph S. Rumreich, *District Venereal Disease Control Consultants*, Surgeon Alfred J. Aselmeyer, Senior Surgeon Oliver C. Wenger, Post Office Bldg., Chicago; *State Venereal Disease Consultant*, Assistant Surgeon Leslie W. Knott, State Dept. Public Health, Springfield.
- Work Projects Administration:** *Director of Community Service Program*, Mrs. Evelyn S. Byron, 6th Floor Merchandise Mart, Chicago.

\* See page 239 for national headquarters.

**Illinois Department of Public Health, Springfield.**—"The program of the Division of Venereal Disease Control is aimed at the objectives: To diagnose as early as possible every case of syphilis. (Case finding.) To institute competent medical care as soon as diagnosis is made. (Treatment provision.) To keep infectious cases under medical care until they are no longer a menace to society or to themselves. (Case holding.) To prevent new infections by medical, educational and legal measures. (Prevention.)

*Case Finding: Selective Service*—A Medical Advisory Board No. 39 (Venereal Diseases) has been established in the State of Illinois with the cooperation of the Selective Service Commission. All clinicians in charge of venereal disease clinics in the state have been appointed members of this Advisory Board, with District Health Superintendents and full-time Health Commissioners. All positive venereal disease cases found among selective service registrants are referred to members of this Board and arrangements are made to place them under treatment either with private physicians, venereal disease clinics or State institutions.

*National Defense and Military Activities:* Venereal disease clinics are established in seven military areas in Illinois. Agreement has been made with the Sixth Corps Headquarters whereby all contacts and sources of venereal infections in enlisted personnel are submitted directly to Health Commissioners near encampments and to the U. S. Public Health Service district liaison officer who submits this information to the Division of Venereal Disease Control, where it is relayed to medical and lay investigators.

*Premarital Health Examinations:* This law became effective July 1, 1937, and during 1941 there were about 100,000 serological tests done in Illinois, showing about 1.1 per cent positive syphilis.

*Prenatal Blood Tests:* This law became effective July 1, 1939, and during 1941 there were about 50,000 tests done with about 1 per cent positive.

*Industrial Surveys* are being undertaken with the cooperation of the Division of Industrial Hygiene and the Illinois Manufacturers Association. Special attention is being given in industries engaged in defense projects.

*Other Blood-Testing Surveys:* Blood-testing surveys are being undertaken in schools, fairs, hotels, restaurants. Routine blood testing of all patients of private physicians, hospitals and clinics is recommended.

*Laboratory Examinations:* Private and hospital laboratories are submitting a monthly report of serological tests and smears done and the number found positive. The State laboratories include the main laboratory at Springfield, branch laboratories at Carbondale, Champaign, Chicago, Galesburg and East St. Louis. The total laboratory work done in the branch laboratories during 1941 was:

	Blood Tests	Darkfields	Gonorrheal Smears
Chicago .....	406,456	4,212	140,251
Outside Chicago....	504,979	260	133,844

*Epidemiology:* During 1941 there were 2,100 routine assignments (investigation of case to learn source) bringing 172 cases under treatment, and 585 suspected sources investigated, bringing 148 cases under treatment.

*Case Holding:* Our endeavor is to keep infectious cases under medical care until they have sufficient amount of treatment to render them non-infectious. Our method includes the following measures:

A monthly drug letter serving as a requisition for free antiluetic drugs is sent to private physicians, and indicates the next five weeks' treatment of each patient listed as being under the physician's care. This letter is returned to the Division office and drugs are mailed. If the patient has interrupted his



regular treatment schedule, the physician is requested to fill in the discontinued treatment notice. Every effort is made by our investigators to return the patient to the reporting physician for further treatment. Similar provisions for "case holding" are being carried out in our clinics by the nurses investigating all delinquent cases. During 1941 there were 1,890 cases reported as having discontinued their treatment and of this many cases, 478 patients were returned to the reporting physician and 587 to other physicians or venereal disease clinics.

*Prevention—Educational Measures for General Public:* To prevent new infections by medical, educational and legal measures, we employ: Educational measures for general public including speakers, literature, pamphlets, moving pictures, venereal disease exhibits, radio dramatizations and newspaper articles relating to syphilis and gonorrhea.

*Educational Measures for the Medical Profession:* These include pre-scheduled treatment outlines, post-graduate refresher courses, Venereal Disease Information bulletin and other U. S. Public Health Service publications.

*Legal Measures:* The present laws making it compulsory to report venereal disease cases should be more rigidly enforced. New laws should be passed giving the Health Departments more leeway in control of venereal diseases among inmates of houses of prostitution.

*Special Studies—Intensive Therapy Treatment of Early Cases of Syphilis:* This study is being carried on at the Cook County Hospital and better than 350 cases are under observation which have been treated with this intensive method.

*Gonorrheal Ophthalmia Neonatorum:* All cases of gonorrheal ophthalmia neonatorum are reported to the Director of Public Health and, in cooperation with the Illinois Society for the Prevention of Blindness, are sent to Chicago for treatment. The expenses are met through State funds and the Illinois Society for the Prevention of Blindness.

*Congenital Venereal Diseases:* Intensive Therapy for Congenital Syphilis, Management of Congenital Syphilis in Offspring, Gonorrhea in Children.

*Other Special Studies:* Patient Educational Measures, Gonococcus Culture, Chicago Special Studies."

**Illinois Social Hygiene League, Chicago.**—"The League was established in 1916 for treatment of venereal diseases, study of public health problems produced by them, and the dissemination of knowledge concerning the relation of these diseases to community health and welfare.

On October 1, 1917, in the First World War emergency, the State Council of Defense recognized the League as a medical center for control, treatment, and prevention of venereal diseases among soldiers and sailors then stationed in the Chicago area. A permit was issued authorizing the organization to raise funds for these purposes. The League is one of the few clinics so authorized at that time which has consistently carried on its work throughout the years, and is, therefore, organized and equipped to meet the present emergency.

Today, the League's Medical Department has as its objectives control of venereal diseases (1) through adequate treatment of all patients referred for care; thereby limiting the spread of their infection; (2) through seeking out the source from whom disease was acquired and subsequent contacts to whom the patient may have given it; (3) research in chemotherapy in treatment of syphilis and gonorrhea and (4) research in cultivation of the gonococcus and investigation of menstrua to facilitate transportation of specimens for cultivation. Over a million treatments have been given by the clinic in its twenty-five years of service, and more than 64,000 men, women, and children have been diagnosed and

treated. At least half this service has been furnished free with nominal fees paid for the remainder. During the year 1941, 4,362 patients made 62,454 visits, and were given medical care. The Medical Department is indebted to the Public Health Institute for contributing laboratory facilities since 1928, during which time 295,800 tests have been made. Laboratory services of City and State Health Departments have also been furnished to the League during the past year.

Social service in a venereal disease clinic is truly social therapy. It is the social worker who sympathetically and understandingly interviews the newly diagnosed case and lays the groundwork for long time relationship between clinic and patient, who helps the patient to accept the diagnosis and to make readjustments that become necessary in social and family relationships because of venereal infection; who discusses prevalence of venereal disease in the community and so helps the patient to see himself as one of many, relieving him of much of his feeling of embarrassment and shame. The measure of efficiency of a venereal disease clinic is in its case-holding ability. While we give emphasis to follow-up service of *infectious* cases, the League's program is not limited to this group, since we realize that it is highly important to give the *non-infectious* cases protection from the last destructive lesions of syphilis which occur in 30 per cent of cases in which adequate treatment is not received. Our follow-up service is carried out by letters, telephone calls, and in rare instances, personal visits. Close friendly relationship between patients and League staff, makes response to letters satisfactory in most cases.

While lack of understanding of importance of treatment is generally accepted as principal cause for lapsing from treatment, study of the League's case-load reveals that among our patients, the most frequent causes are temporary employment, lack of clothing, lack of carfare, and illness in the family. The task of epidemiology, never simple is doubly difficult in venereal disease. There is no intermediate host as in malaria; exposures are voluntary as a result of strong basic urge; the disease is confused with moral issues. All these tend to complicate the task. However, in a special study made over three months, 63 patients revealed information which led to diagnosis of 42 cases of syphilis; 214 additional patients gave information which led to the diagnosis of 141 cases of gonorrhea.

The League has carried on an educational program in social hygiene since 1916. It is now recognized as the main source of this type of information in the Chicago area. Practically all of the work done results from requests from agencies familiar with the organization's services. The various phases of social hygiene are covered according to the needs of the individual groups. Leadership Training Courses are offered by the League at both Northwestern University and Loyola University, covering the history of social hygiene as well as the incidence, prevalence, trends, diagnosis, and treatment of venereal disease. Social hygiene as an integral part of the treatment program of public and private relief and family agencies is also considered as are the social, public health, and legal aspects of prostitution. Nurses' Training Schools are assisted in their educational programs through a series of lectures. Informal training courses are also offered to civic groups and to parent-teachers associations. Study courses in a broad social hygiene program are conducted for adult education classes. *Sex Education for Children* is one of the most frequently requested subjects. Discussion groups for students and young people are given through YMCA, YWCA, settlement houses, and churches. *Boy-Girl Relations*, *Sex Problems of Adolescents*, and *The Question of Petting* are popular topics. As a part of health education courses the League gives assistance to high schools and colleges in venereal disease information. Public education in the incidence, prevalence, and trends of venereal disease is carried on through meetings with Kiwanis clubs, women's clubs, and business and industrial groups.

An important part of the work is the educational program maintained for the 4,000 patients. The aim of this part of the program is development of clear understanding of venereal disease—its cause—its spread—its cure—by every patient enrolled in the League. Emphasis is placed on the need for full cooperation in seeking out sources of infection and contacts."

**Champaign-Urbana Council of Social Agencies.**—*An Institute on Family Relationships and the Community* was held in January 1941, with programs throughout the month in connection with meetings of local churches, clubs, schools, P.T.A.'s and other organizations, with leaders and speakers from the Council's staff and outstanding experts in related fields who were made available through the Division of Child Hygiene and Public Health Nursing of the Illinois Department of Public Health. . . . It was the Health Division of the Council of Social Agencies which nearly ten years ago became concerned for more adequate provision in the treatment and prevention of venereal disease. A carefully selected Social Hygiene Committee within two years set up a ten-year educational program, adult education through the P.T.A., a training course for teachers in the public schools, and tentative curricula. They were also responsible for preparing and securing passage of ordinances for combating venereal disease in the two cities; and it was this Committee which originated the plan for a Public Health District embracing both cities which was accepted in 1937 and has been of considerable benefit in providing the District with efficient and authoritative public health administration.

**Chicago Board of Health.**—The syphilis control program instituted in 1937 in which the Chicago Board of Health, with the approval of the Illinois Department of Public Health and the United States Public Health Service secured the cooperation of the Work Projects Administration, has continued uninterruptedly.

The plan to obtain syphilis tests on as many of Chicago's citizens as possible has secured the cooperation of over one third of the population of the city. Approximately five per cent of those examined were found infected and placed under treatment, by private physicians or clinics. The active cooperation of the Chicago Medical Society resulted in a large increase in the number of cases of both syphilis and gonorrhea reported as under treatment by private physicians.

Blood tests in elementary schools, in which every school participated, and approximately fifty per cent of the pupils enrolled had tests made with their parents' consent, resulted in the enrollment of eight hundred cases of syphilis in the Children's Unit of the Municipal Social Hygiene Clinic.

With the approval of organized labor, approximately 175,000 confidential blood tests have been made in industry. Clinic treatment has been provided for all found infected if they were unable to pay a physician for private treatment. Syphilis tests have been included as a part of the pre-employment examination by a large and increasing number of industries, and the policy of permitting non-infectious cases to continue employment provided they take treatment is gaining ground.

The educational program in industry includes talks to assembled employees, the distribution of educational pamphlets, exhibition of posters announcing the plan and date of lecture and tests. Physicians, nurses and clerical workers visit the industry at the appointed time and take specimens from volunteers. Negative results are mailed direct to the employee, and those having positive results receive a letter directing them to the family physician or a clinic for a repeat test and diagnosis. Industrial cases under treatment are followed closely.

In April, 1941, a post-graduate course in the diagnosis, treatment and control of venereal diseases, which included lectures by prominent Chicago specialists covering all types of venereal diseases and clinical work in the Municipal Social Hygiene Clinic, was attended by three classes of ten or more physicians each

over a period of three weeks. The course was arranged in cooperation with the State Department of Public Health and the United States Public Health Service.

The Chicago Health Department received the United States Chamber of Commerce Award for the best venereal disease control program for the year 1940.

Case finding activities were transferred from the Municipal Social Hygiene Clinic to the Health Department Building at 54 West Hubbard Street in September, 1941, where a Central Registry Unit for the registration of all venereal disease cases, alleged sources of infection and contacts since infection, and a Central Investigation Unit for the purpose of locating, and securing an examination of such persons, were established. Sources, contacts, suspects and volunteers are examined at the Central Diagnostic Unit, also located at 54 West Hubbard Street, and treatment is arranged for those found infected.

Assistance has been rendered the Selective Service System by the establishment at 54 West Hubbard Street of the Venereal Disease Unit of Medical Advisory Board No. 39, of which Dr. Herman N. Bundesen is Chairman. Registrants referred by local draft boards have been given a thorough examination and those found infected referred to private physicians or clinics for treatment. These cases are followed closely and many have been cleared and made available for military service.

Four hundred ninety-three thousand, two hundred twenty-seven visits were made to Health Department Clinics for examination, consultation and treatment during the year. Fifty-eight thousand, four hundred seventy-six new applicants were examined in these clinics and fifty thousand, seven hundred fifty-three field blood tests were made on volunteer groups. Three hundred and eighty-one health educational talks were made with an attendance of thirty-one thousand, four hundred fifty persons. Pamphlets distributed numbered 81,138.

The program conducted under the supervision of the Chicago Board of Health in cooperation with the Illinois Department of Public Health, the United States Public Health Service and the Works Projects Administration has had the interested and active support of Hon. Edward J. Kelly, Mayor of Chicago, throughout, with excellent cooperation on the part of Municipal Judges and Police authorities.

For the convenience of venereal disease patients, several branch clinics will be opened in outlying districts in the immediate future. And for the protection of enlisted men visiting the city, and defense workers, a number of early treatment stations will be operated throughout the city.

**Chicago: Juvenile Protective Association.**—The major effort of this organization is to report to law enforcement authorities community conditions leading to delinquency and especially taverns where prostitution is carried on, which are sources of disease.

"Out of the illegal conditions permitted in these places come an endless stream of venereally infected young people and men and women, to clinics and to private physicians for treatment." "For the year ending March 15, 1942, one clinic alone found that 1,282 cases of infection resulted from contacts the individuals made in 295 taverns, 114 hotels, 50 houses of prostitution and 148 street solicitations. Dance halls and massage parlors also figured in this picture. Many of these places were repeatedly reported to law enforcement officials because of flagrant illegal conditions existing in them." (From a statement by Walter C. Cromwell, Director Department on Community Conditions, Juvenile Protective Association.)

"Facilities for finding and treating cases of syphilis and gonorrhea have increased considerably in Chicago since the beginning of the venereal disease control program, but they are not nor have they ever been equal to the needs. The failure to take adequate preventive measures to trace and eliminate sources has greatly retarded the effectiveness of treatment facilities as well as prevention.

"Few measures are taken, or agencies exist for the prevention of commercialized prostitution in Chicago and Illinois. Inadequate legal and protective measures constitute the weakest program here. We have an Injunction and Abatement Law which is seldom used against houses of prostitution."

**Robinson Social Hygiene Association:** "Our association has completed the organization of a county health and welfare council to correlate all of the health and welfare agencies of the county. As a recognition of our contribution to the community, our president was made a member of the city board of health. Pamphlet distribution and library work continues. We have no defense or military project near our county."

Important among **Social Hygiene Day** events each year is the conference sponsored by the **Chicago Coordinating Committee on Social Hygiene Day**, which also holds interim meetings for exchange of information among the Committee members. In 1940 the Committee sponsored a two-day Regional Conference and was host to the American Social Hygiene Association at its Twenty-seventh Annual Meeting, when the William Freeman Snow Award for Distinguished Service to Humanity was presented to General John J. Pershing. Among A.S.H.A. visitors to Illinois recently, including the cities of **Springfield, Bloomington, Evanston, Joliet, Elwood** and other communities, have been Miss Shenehon, Miss Pinney, Dr. Snow, Dr. Clarke, Dr. Storey, Miss McGrath, Mr. Gould.

The **Bureau of Child Hygiene and Public Health Nursing** of the State Department of Health, for six years has supplemented the work of the Bureau of Venereal Disease Control by a year-round state-wide program of social hygiene education, carried on under the auspices of the district nursing units by Mrs. Margaret Wells Wood, formerly of the A.S.H.A. staff.

## INDIANA

*Population*  
*Urban* 1,887,712  
*Rural* 1,540,084  
 3,427,796

*Population rank among states* 12  
*A.S.H.A. members in state* 72

### Social Hygiene Societies and Committees

**Evansville:** Health Committee, Council of Social Agencies: *Chairman*, G. Ashburn Koch, 2112 Penn Street.

**Fort Wayne:** League Against Venereal Diseases: *President*, A. G. Burry; *Secretary*, Clem J. Steigmeyer, 259-60 Central Bldg.

**Hammond:** Social Hygiene Committee, Defense Council: *Chairman*, H. C. Groman, M.D., City Hall.

**Indianapolis Social Hygiene Association:** *Secretary*, Mrs. Warrick Wallace, 1098 W. Michigan St.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, William E. Sayer, War Memorial Bldg., Indianapolis.

**Indiana Congress of Parents and Teachers:** *President*, Mrs. James L. Murray, 64 W. 73rd Street, Indianapolis; *Social Hygiene Chairman*, Mrs. Carl Manthei, 1015 Churchman Ave., Indianapolis.

**Indiana Council of Church Women:** *President*, Mrs. E. L. Eggers, 437 Detroit Street, Hammond.

**Indiana Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Ted Lashbrook, Sunny Ridge Farm, Westfield.

**Indiana Junior Chamber of Commerce:** *President*, Howard Batman, 815 Board of Trade Building, Indianapolis.

- Indiana Nurses Association:** *Executive Secretary*, Helen Teal, 1125 Circle Tower, Indianapolis; *Chairman*, Public Health Nursing Section, Marie Winkler, 224 N. Meridian Street, Indianapolis.
- Indiana State Conference on Social Work:** *President*, William A. Hacker, Indiana Public Schools, 150 N. Meridian St., Indianapolis; *Executive Secretary*, Wade T. Searles, Indiana University Training Course for Social Work, 1076 West Michigan St., Indianapolis.
- Indiana State Medical Association:** *President*, Maynard A. Austin, M.D., Anderson; *Secretary*, T. A. Hendricks, 23 E. Ohio St., Indianapolis.
- Indiana Teachers Association:** *Secretary*, Margaret Sweeney, 207 East Chestnut Street, Jeffersonville.
- Indiana Tuberculosis Association:** *Executive Secretary*, Murray A. Auerbach, Room 1219, Security Trust Bldg., Indianapolis.
- Indiana Woman's Christian Temperance Union:** *President*, Mrs. Paul Halliday, 1204 Wayne St., N. Manchester.
- Kiwanis International:\***
- Lions International:\***
- Rotary International:\***
- United Service Organizations, Region VI:** See Illinois.

### Official Agencies

- Indiana State Board of Health:** *State Health Commissioner*, John W. Ferree, M.D., Indianapolis; *Chief*, Bureau of Venereal Diseases, George W. Bowman, M.D.

### Clinics or Cooperating Clinicians at:

Anderson, Bicknell, Bloomington, Boonville, Brazil, Cannelton, Columbus, East Chicago, Evansville, Fort Wayne, Gary, Hammond, Indianapolis (7), Kokomo, Madison, Marion, Muncie, New Albany, Petersburg, Princeton, Richmond, Shelbyville, South Bend, Terre Haute, Wabash.

- Indiana State Department of Education:** *Superintendent of Public Instruction*, Clement T. Malan, Indianapolis.
- Indiana State Department of Public Welfare:** *Administrator*, Thurman A. Gottschalk, 141 South Meridian Street, Indianapolis.
- National Youth Administration, Region VI:** See Illinois.
- Social Protection Section, Office of Defense Health and Welfare Services, Region VI:** See Illinois.
- State Defense Council:** *Director*, Clarence A. Jackson, 300 Board of Trade Building, 143 N. Meridian St., Indianapolis.
- U. S. Army, Fifth Corps Area:** See Ohio.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. J. Reed; *State Home Demonstration Leader*, Lella R. Gaddis, Purdue University, La Fayette.
- U. S. Navy, Ninth District:** See Illinois.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Prof. W. S. Bittner, Indiana University, Bloomington; Prof. Wm. M. Hepburn, Purdue University, La Fayette; Paul R. Byrne, University of Notre Dame, Notre Dame.
- U. S. Public Health Service:** *State Venereal Disease Consultant*, P. A. Surgeon Hugh L. C. Wilkerson, State Dept. of Health, Indianapolis. For *Director*, District III, see Illinois; for *Liaison Officer*, Fifth Army Corps Area, see Ohio.
- Work Projects Administration:** *Director of Community Service Programs*, Miss Mildred E. Schmitt, 429 N. Pennsylvania St., Indianapolis.

**Indiana State Board of Health, Indianapolis.**—"The Board has coordinated its venereal disease control activities with the medical and other closely allied professions and voluntary organizations. A program for control of prostitution, in accordance in every particular with that of the U. S. Army, has been announced by the State Board of Health. In cooperation with City and County

\* See page 239 for national headquarters.

health departments it supports 36 public health venereal clinics, located in the more populous centers of the State. In addition, medical reports are received each month from 5 penal and correctional, and 7 neuro-psychiatric state institutions. Free distribution of anti-syphilitic drugs for treatment of indigent patients regardless of the stage of the disease, consisting of 20 doses of the arsenical compound in the form of neo- or sulpharsphenamine and 20 injections of heavy metal in the form of bismuth subsalicylate has been followed. These anti-syphilitic drugs are also mailed to private physicians in communities where no public health clinics are located. The board also maintains a laboratory for the use of physicians, venereal clinics and state institutions. Blood specimens and smears and cultures for gonorrhea examination are accepted for indigent venereal patients.

"A new and cheaper method of testing blood for syphilis was recently inaugurated by the State Board of Health and Indiana's private pathologists as the first cooperative move in the campaign. A reduction to \$1.00 of private pathological fees is expected to account for several thousand tests in the next year. Because of this program it is also expected that the Indiana State Board of Health Laboratory of Hygiene will give more than 100,000 free tests during this same period. Yearly averages for the State Laboratory have been around 722,374 tests for 1941. The Indiana Association of Pathologists and the Indiana State Board of Health have adopted one blood test. In the past they used the Wassermann, Kahn, and Kline tests, but up to the present time the state and private pathologists have given all three tests as a matter of routine. Hereafter, only the Kline test will be given in the first instance, but if this test registers negative, no further test will be made. Thus, in all cases where the first test is negative, the expense of two other tests will be saved, allowing more persons the advantage of the blood test for the same charge. In event that the Kline test proves positive in the State Laboratory, the State Board of Health will also run the Wassermann and the Kahn tests. The private pathologists in Indiana have demonstrated beyond all doubt their altruistic attitude and have entered this campaign with the spirit of putting aside private interest.

"In the epidemiological field, through the Bureau of Venereal Disease Control they investigate sources of infection, family contacts, and cooperate with all city and county health officers. They also undertake to secure and tabulate other information regarding disposition of cases through the University School of Medicine and Hospitals, penal and correctional institutions, and other private and public hospitals in the State of Indiana. Ordinary means of educational work, such as news releases for the public press and health journals, motion picture films, lantern slides, lectures, and exhibits are used by the department. Meetings are being held with medical societies, nursing associations, social service organizations, P.T.A. associations, lodges, labor unions, luncheon and service clubs, Chamber of Commerce organizations, youth groups. The educational facilities of the State Board of Health have also been used by druggists, dentists, churches, factories, Y.M.C.A. and Y.W.C.A. groups. Specially prepared letters and pamphlets have been mailed to many clubs and organizations. They also have undertaken to correlate and carry on organized measures and activities for the protection of individuals and communities against such practices, amusements and environmental influences favoring the dissemination of syphilis and gonorrhea.

"News releases appear in practically all daily publications in the state. A few radio broadcasts have been given. Through the Bureau of Health and Physical Education, the State Board of Health uses silent and sound motion picture films, exhibits, charts, and posters, and in addition, lectures are provided through this Bureau in cooperation with state and county medical societies. Automatic balopticon machines using lantern slides are in continuous use throughout the state. Approximately 100,000 educational social hygiene pamphlets are distributed each year.

"The State Board of Health cooperates with prosecuting attorneys, local

police, and state police in the repression of commercialized prostitution. Sex delinquency cases are referred to Juvenile Court authorities for further investigation."

In the General Assembly, the state marriage laws as they relate to premarital examination for venereal disease were passed and made effective March 1, 1940, as well as a prenatal law effective January 1, 1940.

A.S.H.A. visitors to Indiana during the past year have included Dr. Clarke and Miss McGrath, for conference with health officials, social hygiene workers and industrial groups in the cities of New Albany, South Bend, and Indianapolis.

## IOWA

*Population*  
*Urban* 1,084,231  
*Rural* 1,454,037  


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 2,538,268

*Population rank among states* 20  
*A.S.H.A. members in state* 44

### *Social Hygiene Societies and Committees*

None.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, R. J. Laird, Argonne-Armory Building, Des Moines.

**Iowa Association for Social Welfare:** *President*, J. H. Godtfriing, Y.M.C.A., Sioux City.

**Iowa Congress of Parents and Teachers:** *President*, Mrs. S. E. Lincoln, 2220 East 32nd Street, Des Moines.

**Iowa Council of Church Women:** *President*, Mrs. W. A. Dutton, 1705 S. Newton Street, Sioux City.

**Iowa Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Fred Loss, 305 W. Main Street, Marshalltown.

**Iowa Junior Chamber of Commerce:** *President*, Cecil Saddoris, Soil Conservation Service, Denison.

**Iowa Nurses Association:** *Secretary*, Mrs. Margaret Stoddard Parker, 307 7th Avenue, N.W., Independence; *Secretary*, State Organization for Public Health Nursing, Hazel Roberts, Court House, Manchester.

**Iowa State Medical Society:** *President*, Frank P. Winkler, M.D., Sibley; *Secretary*, Robert L. Parker, M.D., 3510 Sixth Avenue, Des Moines.

**Iowa State Teachers Association:** *Executive Secretary*, Agnes Samuelson, 415 Shops Bldg., Des Moines.

**Iowa Tuberculosis Association:** *Executive Secretary*, C. W. Kammeier, 610 Flynn Bldg., Des Moines.

**Iowa Woman's Christian Temperance Union:** *Headquarters*, 412 Shops Bldg., 8th and Walnut Sts., Des Moines. *In charge and President*, Mrs. Harriette G. McCollough.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region VIII:** See Illinois.

\* See page 239 for national headquarters.



### Official Agencies

**Iowa Industrial and Defense Commission:** *Secretary*, Rodney Q. Selby, Crocker Bldg., Des Moines.

**Iowa State Department of Education:** *Superintendent of Public Instruction*, Jessie M. Parker, Des Moines.

**Iowa State Department of Health:** *State Health Commissioner*, W. L. Bierring, M.D., Des Moines; *Director*, Division of Venereal Disease Control, R. M. Sorenson, M.D.

#### *Clinics or Cooperating Clinicians at:*

Burlington, Cedar Rapids, Clinton, Davenport, Des Moines, Dubuque, Fort Dodge, Keokuk, Muscatine, Oskaloosa, Ottumwa, Sioux City, Washington, Waterloo.

In addition to the clinics listed, the addresses of physicians giving treatment for venereal diseases under the state plan may be obtained from state, county and municipal officers.

**National Youth Administration, Region VIII:** See **Minnesota**.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VIII:** See **Minnesota**.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, R. K. Bliss; *State Home Demonstration Leader*, Mrs. Sarah Porter Ellis, Iowa State College of Agriculture and Mechanic Arts, Ames.

**U. S. Army, Seventh Corps Area:** See **Nebraska**.

**U. S. Navy, Ninth District:** See **Illinois**.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Dr. Charles H. Brown, Iowa State College of Agricultural and Mechanic Arts, Ames; Dr. Jack T. Johnson, State University of Iowa, Iowa City.

**U. S. Public Health Service:** For *Director*, District VII, see **Missouri**; for *Liaison Officer*, Seventh Army Corps Area, see **Nebraska**.

**Work Projects Administration:** *State Director of Community Service Programs*, Helen Cresswell, 114 Eleventh Street, Des Moines.

**State Department of Health, Des Moines.**—The Division of Venereal Disease Control was established by the Iowa State Department of Health on July 1, 1938. The aim is to find as many of the cases of syphilis and gonorrhea as possible; to offer as much assistance as facilities will permit toward getting adequate treatment for the cases; to trace sources of infection of the reported cases, and to find as many of the persons who may have been exposed to infection by the reported cases. Once a case is reported, every effort is made to keep it under treatment until such time as it has received maximum benefit from therapy and until it is no longer a public health hazard.

On January 1, 1940, drugs, formerly handled through local druggists, began to be provided by a system of central distribution from the health department which has proven very satisfactory and much more efficient. By this method it is also possible to build up files of patients under active treatment, those who have lapsed treatment, and need follow-up, and cases that have been "cured." As a result of a clinic directors' conference on May 22, 1940, a system of uniform records was adopted.

A bill providing for the serologic examination of all expectant mothers was passed by the General Assembly and became effective July 4, 1939. A rapid increase in percentage of expectant mothers so examined during the first year culminated in an estimated 86 per cent examined during the fourth 3-month period of the law's operation. The same session of the General Assembly revised venereal disease laws, aiding materially in making the provisions of the code more workable and more effectively enforced. The following session of the Assembly, in 1941, passed a premarital examination law, which became effective April 9, 1941.

**KANSAS**

*Population*  
*Urban* 753,941  
*Rural* 1,047,087  


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 1,801,028

*Population rank among states* 29  
*A.S.H.A. members in state* 47

**Social Hygiene Societies and Committees**

Topeka: Social Protection Committee, Defense Council, *Chairman*, Frank Korab, 1181 College.

**Other Voluntary Agencies**

**American Legion:** *Department Adjutant*, Irvin L. Cowger, Memorial Building, Topeka.

**Kansas Conference of Social Work:** *Executive Secretary*, Herman Newman, 1181 McVicar Ave., Topeka.

**Kansas Congress of Parents and Teachers:** *President*, Mrs. E. W. Emery, Mt. Vernon Road, Routel, Atchison; *Social Hygiene Chairman*, Mrs. E. J. Nodurft, 1844 Wellington Street, Wichita.

**Kansas Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. W. A. Luebke, Freeport.

**Kansas Junior Chamber of Commerce:** *President*, Robert D. Benson, Grand Building, McPherson.

**Kansas Medical Society:** *President*, Henry N. Tihen, M.D., Wichita; *Secretary*, C. G. Munns, 112 West Sixth Street, Topeka.

**Kansas Nurses Association:** *Secretary*, Mrs. Anne Lee Wick, 359 N. Clifton Ave., Wichita; *Chairman*, Public Health Nursing Section, Ruth G. McDonald, 305 Greenwood, Topeka.

**Kansas State Teachers Association:** *Secretary*, Ross W. Potwin, 315 West Tenth Street, Topeka.

**Kansas Tuberculosis and Health Association:** *Executive Secretary*, Charles H. Lerrigo, M.D., 824 Kansas Ave., Topeka.

**Kansas Woman's Christian Temperance Union:** Headquarters, 1122 Taylor St., Topeka. *In charge*, Mrs. Edna F. Davisson; *President*, Mrs. Agnes D. Hays, Ransom.

**Kiwanis International:\***

**Lions International:\***

**Rotary International:\***

**United Service Organizations, Region IX:** See Missouri.

**Official Agencies**

**Kansas Council of Defense:** *Executive Assistant*, Dale A. Fisher, State House, Topeka.

**Kansas State Board of Health:** *State Health Officer*, F. C. Beelman, M.D., Topeka; *Director*, Division of Venereal Disease Control, Robert H. Riedel, M.D.

**Clinics or Cooperating Clinicians at:**

Columbus, Emporia, Hays, Hutchinson, Junction City, Kansas City (2), Lawrence, Leavenworth, Manhattan, Parsons, Salina, Topeka, Wichita.

**Kansas State Board of Social Welfare:** *Chairman*, Frank E. Milligan, 901 Harrison Street, Topeka.

**Kansas State Department of Education:** *Superintendent of Public Instruction*, George L. McClenny, Topeka.

**National Youth Administration, Region IX:** *Regional Director of Youth Personnel*, New England Bldg., Topeka.

\* See page 239 for national headquarters.

- Social Protection Section, Office of Defense Health and Welfare Services, Region IX:** See Missouri.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, J. C. Umberger; *State Home Demonstration Leader*, Georgiana H. Smurthwaite, Kansas State College of Agriculture and Applied Science, Manhattan.
- U. S. Army, Seventh Corps Area:** See Nebraska.
- U. S. Navy, Ninth District:** See Illinois.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Prof. Jesse M. Schall, Kansas State College of Agriculture and Applied Sciences, Manhattan; Harold G. Ingham, University of Kansas, Lawrence.
- U. S. Public Health Service:** For *Director District VII*, see Missouri; for *Liaison Officer*, Seventh Army Corps Area, see Nebraska.
- Work Projects Administration:** *State Director of Community Service Program*, Mrs. Mary Parkman, 912-14 Kansas Avenue, Topeka.

**Kansas State Board of Health, Topeka.**—A special report says: *Medical and Public Health Measures:* An all-time high of 3,746 new cases of syphilis and 1,801 cases of gonorrhea were diagnosed and reported under treatment by Kansas physicians in private practice and in clinics in 1941. There were only 936 new cases of syphilis reported in Kansas in 1936, the year in which the new campaign to control syphilis and gonorrhea was undertaken by the U. S. Public Health Service in cooperation with State and local official health departments and voluntary groups such as the American Social Hygiene Association. This indicates a definite expansion of facilities for finding and treating cases of syphilis. The increased number of cases coming to the attention of physicians is not, however, due so much to physical or personnel facilities as it is to educational efforts. Only two new small clinics were established in Kansas in 1941, making a total of fifteen clinics in the State. The increased awareness and acceptance of the syphilis and gonorrhea problem among the laity and the medical profession is probably responsible for the increased attention to these diseases. Our problem now is to maintain this healthy attitude and increase the quality and efficiency of our present available facilities and services both in the clinics and among private practitioners. There are still communities in Kansas where clinics and specialized personnel should hasten the control of syphilis and gonorrhea. The absence of clinics in these areas is not due to lack of available funds, but rather to lack of interest. Here the need for further education is apparent. The State Health Department program is complete. It includes provisions for diagnosis, case finding, treatment, education and cooperation with law enforcement agencies. Local organization, however, is still lacking in many communities.

The Kansas State Pharmaceutical Association without urging has promoted a campaign of information concerning the venereal disease problem among its members. Their program includes articles in their official Journal exhibits at Pharmaceutical Association meetings, distribution of literature, etcetera.

*Health Education and Public Information:* Kansas newspapers now cooperate fully in the campaign against venereal diseases. Of course the newspapers, especially in the larger cities, prefer to print information of a "newsy" character. The good reporter always tries to give a sensational angle to stories. When syphilis and gonorrhea are reduced to common communicable diseases and not portrayed as crime, vice, and immorality, the news value is somewhat reduced. It is believed that too frequent association of crime, vice and immorality with syphilis and gonorrhea still keeps nice people from supporting a program to control these diseases. The larger dailies and a great many of the weekly papers, however, accept and print routine releases concerning syphilis and gonorrhea.

Radio stations in Kansas frequently use prepared talks on syphilis and gonorrhea for broadcast by their staffs. Public health workers, both voluntary and official, have little difficulty in obtaining use of broadcasting facilities for special programs. Stations which have been especially cooperative are KFBI, Wichita; WIBW, Topeka; KSTW, Emporia; WREN, Lawrence, and KOAM, Pittsburg.

*Legal and Protective Measures:* The policy of the Division of Venereal Diseases of the Kansas State Board of Health is to place the burden of law enforcement with regard to prostitution and allied crimes squarely on the shoulders of official law enforcement agencies. These agencies are the sheriff's offices in counties, and the police department in cities. The Kansas Bureau of Investigation and the Kansas State Highway Patrol have also cooperated where special problems have existed. The Division of Venereal Diseases of course attempts to assist all law enforcement agencies where diagnosis, treatment or education are of value in the control of disease. Investigation and follow-up work are carried out by public health personnel, except where there is clear indication that the individual suspected of disease is also breaking laws which endanger the public health. Health officers and nurses do not apprehend individuals nor convict them of crime. It is our opinion that health agencies can do most for the cause of venereal disease control by avoiding police methods. In this connection we have found the investigations and reports of prostitution conditions by the American Social Hygiene Association representatives in various cities to be of great value in seeking the cooperation of law enforcement agencies and officials of local governments. This information must come from some source which will not give the general public the impression that the health department is a detective agency. The American Social Hygiene Association investigation and report program seems to be ideal for the purpose. While of necessity these investigations and reports are not widely publicized, they are brought to the attention of the proper officials and results obtained indicate that they are highly respected. We shall encourage the continuation of this service by the American Social Hygiene Association.

Women and girls with venereal disease may be quarantined at the Kansas Women's Industrial Farm at Lansing. This constitutes little less than imprisonment for disease since the farm is in fact the State Penitentiary for Women and women are sent here with disease whether or not they have been convicted of a crime. Definite steps are being taken to establish a State quarantine and rehabilitation hospital away from the prison where at least a study of the possibilities of rehabilitation may be made.

There have been no new social hygiene laws enacted in Kansas since 1938. There was widespread interest in proposed premarital and prenatal examinations during the 1941 State Legislative Session but no laws were passed. Church and family welfare groups will no doubt again sponsor and support proposals for the passage of premarital and prenatal laws during the 1943 session of the Kansas State Legislature as they did in 1941.

*Education for Marriage and Family Life:* It is our impression that Kansas schools and colleges are attempting to provide needed information about sex and family life and marriage and parenthood. Members of the State Board of Health have been invited to appear before classes of prospective teachers at Kansas Universities during the past several years to discuss the venereal disease problem.

*National Defense and War Activities:* There are several rather large war industry projects established and being established in Kansas. In almost every plant there is the beginning at least of a plan to consider the problem of venereal disease control. Organization and building of the plants have involved such feverish activity on the part of both the labor groups and industrial management that consideration of the health of the worker has probably not received its full share of emphasis. As the plants are completed and the workers settle down to routine production, we find that both labor groups and industrial management turn to their medical advisers for some permanent program of consideration of the health of the worker, including control of venereal diseases. Workers employed to establish plants are usually temporary residents and seldom receive blood tests or even general physical examinations which would reveal health deficiencies. When a plant is completed, however, the permanent employees are receiving blood tests at the time of employment or shortly thereafter. Some plants have refused to hire applicants with positive serology, but in other plants a positive blood test is no bar to employment and the infected employee is directed to a clinic or private source of treatment. Gonorrhea, when detected,

is treated in the same manner in most plants. Most of the large plants are newly established or recently enlarged and there has not yet been time to work out programs of routine education or routine examination.

There are several military establishments in Kansas, and in communities about military establishments every effort has been made to organize official full-time health agencies to deal with the general problems of health and especially with the venereal disease problem in soldiers and civilians. Conferences are held with the military authorities, local government officials, voluntary organizations and local health and law enforcement agencies to determine the best means to be taken for improving unwholesome conditions.

There is a high interest in the venereal disease problem in youth groups, especially in those groups centered about the high schools. Local physicians and service and civic clubs often sponsor educational programs in the high schools. The State Board of Health furnishes a program of films with all equipment and an operator. *With These Weapons* and *Plain Facts* have been the most popular films. The films are shown to the boys and girls together. We have lost count of the numerous groups to whom the pictures have been shown. The demand for these programs continues.

In summary it may be said that the Kansas State Board of Health is attempting to conduct its program of venereal disease control in a common-sense manner along the lines suggested by such authoritative veteran organizations in the field of "war health" as the U. S. Public Health Service and the American Social Hygiene Association. While some individualism is necessary, the sound yet simple plan of "diagnose, treat, educate" is at present our greatest hope for control of syphilis and gonorrhea. War hysteria has somewhat diverted certain individuals and groups from the idea that syphilis and gonorrhea are diseases and attracted them to the more sensational aspects of the problem. When the war emergency is over, we hope to be able to go on with a program of venereal disease control which is based on the idea that persons infected with venereal disease are suffering from diseases, with emphasis on disease. We can make people believe that disease is everybody's problem.

---

A.S.H.A. staff members visiting **Topeka, Leavenworth and Lawrence** within recent years have included Dr. Snow, Miss Pinney, Miss Shenehon and Mr. Gould.

## NATIONAL AGENCIES

For ready reference, we list the headquarters addresses of a number of national agencies whose state or regional headquarters addresses do not appear elsewhere in this compilation:

**Kiwanis International:** *Secretary*, O. E. Peterson, 520 North Michigan Avenue, Chicago, Illinois.

**Lions International:** *Secretary-General*, Melvin Jones, 350 McCormick Bldg., Chicago, Illinois.

**Rotary International:** *Secretary*, Chesley Perry, 35 E. Wacker Drive, Chicago, Illinois.

UNITED SERVICE ORGANIZATIONS REGIONAL REPRESENTATIVES  
REGIONAL SUPERVISORS OF USO MEMBER AGENCIES  
and  
FEDERAL SECURITY AGENCY REGIONAL RECREATION REPRESENTATIVES  
(List from the USO Offices)

The initials used in the regional lists refer to the following agencies:

USO—United Service Organizations.  
NCCS—National Catholic Community Service.  
JWB—Jewish Welfare Board.  
NTAA—National Travelers' Aid Association.

YMCA—Young Men's Christian Association.  
SAL. ARMY—Salvation Army.  
YWCA—Young Women's Christian Association.  
FSA—Federal Security Agency.

F. S. A. Region I	Agency	Regional Staff	Address
Connecticut	USO	Chester H. Smith	1103 Park Sq. Bldg., Boston
Maine	YMCA	H. Ross Bunce	347 Madison Ave., N. Y. C.
Massachusetts	YMCA ( <i>Ind</i> )	E. C. Worman	347 Madison Ave., N. Y. C.
New Hampshire	NCCS ( <i>Men</i> )	C. Glynn Fraser	25 Huntington Ave., Boston
Rhode Island	NCCS ( <i>Women</i> )	Anna I. Corrigan	626 Empire State Bldg., N.Y.C.
Vermont	SAL. ARMY	Major Chester Brown	14 Warrenton St., Boston
	JWB	Lavy M. Becker	7 Water St., Boston
	YWCA	Mrs. Lansing Lewis	35 Highland St., New Haven
	NTAA	Evelyn Heacox	425 Fourth Ave., N. Y. C.
	FSA	Ralph A. Tracy	120 Boylston St., Boston
 Region II			
New York	USO	Harold B. Allen	1630 Emp. State Bldg., N.Y.C.
	YMCA	H. Ross Bunce	347 Madison Ave., N. Y. C.
	YMCA ( <i>Ind</i> )	E. C. Worman	347 Madison Ave., N. Y. C.
	NCCS ( <i>Men</i> )	Gerard J. Janeske	626 Empire State Bldg., N.Y.C.
	NCCS ( <i>Women</i> )	Anna I. Corrigan	626 Empire State Bldg., N.Y.C.
	SAL. ARMY	Brig. Harold Smith	120 West 14th St., N. Y. C.
(Plus New Jersey)	JWB	Charles Nemser	652 High St., Newark, N. J.
	YWCA	Mrs. Lansing Lewis	35 Highland St., New Haven
	NTAA	Evelyn Heacox	425 Fourth Ave., N. Y. C.
	FSA	Warren D. Pierce	11 West 42nd St., N.Y.C.
 Region III			
Delaware	USO	Harold B. Allen	1630 Emp. State Bldg., N.Y.C.
New Jersey	YMCA	H. Ross Bunce	347 Madison Ave., N. Y. C.
Pennsylvania	YMCA ( <i>Ind</i> )	E. C. Worman	347 Madison Ave., N. Y. C.
	NCCS ( <i>Men</i> )	Gerard J. Janeske	626 Empire State Bldg., N.Y.C.
	NCCS ( <i>Women</i> )	Anna I. Corrigan	626 Empire State Bldg., N.Y.C.
	SAL. ARMY	Brig. Harold Smith	120 West 14th St., N. Y. C.
(minus New Jersey)	JWB	E. J. London	1529-16th St., N.W., Wash'ton
	YWCA	Mrs. Lansing Lewis	35 Highland St., New Haven
	NTAA	Mrs. R. C. Williams	425 Fourth Ave., N. Y. C.
	FSA	J. W. Faust	Juniper & Chestnut Sts., Phila.
 Region IV			
Dist. of Columbia	USO	Chester D. Snell	1010 Mutual Bldg., Richmond
Maryland	YMCA	Herbert T. Hitch	1213 Planters B'k B., Richmond
North Carolina	YMCA ( <i>Ind</i> )	E. C. Worman	347 Madison Ave., N. Y. C.
Virginia		(minus N. C. & Va.)	
West Virginia	NCCS ( <i>Men</i> )	Gerard J. Janeske	626 Empire State Bldg., N.Y.C.
	NCCS ( <i>Women</i> )	Mary Louise Dowling	1312 Mass. Ave., N.W., Wash.
	SAL. ARMY	Lt. Col. C. J. Hickey	54 Ellis St., Atlanta
	JWB	E. J. London	1529-16th St., N.W., Wash'ton
		(minus N. C.)	
	YWCA	Annie-Kate Gilbert	600 Lexington Ave., N. Y. C.
	NTAA	Mrs. R. C. Williams	425 Fourth Ave., N. Y. C.
		(minus N. C.)	
	FSA	John I. Neasmith	1025 Vermont Av., N.W., Wash.

(Continued on page 363)

# Journal of Social Hygiene

Social Hygiene in Wartime. I.

The Program in Action in the States and Communities. Part II.

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Seventh National Social Hygiene Day  
February 3, 1943

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# Journal of Social Hygiene

VOL. 28

MAY, 1942

NO. 5

## Social Hygiene in Wartime. I.

### The Program in Action in the States and Communities. Part II.

(For Parts I and III see April and June issues.)

#### KENTUCKY

Population  
Urban 849,327  
Rural 1,996,300  

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2,845,627

Population rank among states 16  
A.S.H.A. members in state 40

#### Social Hygiene Societies and Committees

Louisville: Social Hygiene Association of Kentucky: *Secretary*, Margaret Flynn,  
620 S. Third Street.

#### Other Voluntary Agencies

American Legion: *Department Adjutant*, T. H. Hayden, War Memorial Bldg.,  
Louisville.

Kentucky Conference of Social Work: *President*, Robert K. Salyers, 301 West  
Main Street, Louisville.

Kentucky Congress of Parents and Teachers: *President*, Mrs. Tuttle Lockwood,  
Afton Heights, Paducah; *Social Hygiene Chairman*, Mrs. W. H. Faulkner,  
Somerset.

Kentucky Federation of Women's Clubs: *Chairman*, Public Welfare, Miss Louise  
Morel, 620 South Third St., Louisville.

Kentucky Junior Chamber of Commerce: *President*, Charles H. Gartrell, 4298  
Chadwick Street, Ashland.

Kentucky State Medical Association: *President*, E. L. Henderson, M.D., Louis-  
ville; *Secretary*, A. T. McCormack, M.D., 620 S. Third Street, Louisville.

Kentucky State Nurses Association: *Executive Secretary*, Mrs. Myrtle C.  
Applegate, 604 S. Third Street, Louisville; *Secretary*, State Organization for  
Public Health Nursing, Beatrice Daniels, Health Department, Georgetown.

Kentucky Tuberculosis Association: *Executive Secretary*, L. E. Smith, M.D., 620  
S. Third Street, Louisville.

**Kentucky Woman's Christian Temperance Union:** Headquarters, 1135 Richmond Road, Lexington. *In charge*, Mrs. Nora B. Taylor; *President*, Mrs. Ludie Day Pickett, Wilmore.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region V:** See Illinois.

### Official Agencies

**Kentucky Civil Defense Commission:** *Director*, J. J. Greenlead, State Capitol, Frankfort.

**Kentucky State Department of Education:** *Superintendent of Public Instruction*, John W. Brooker, Frankfort; *Supervisor of Negro Education*, L. N. Taylor.

**Kentucky State Department of Health:** *State Health Officer*, A. T. McCormack, M.D., Louisville; *Director, Bureau of Venereal Diseases*, John R. Pate, M.D.

### Clinics or Cooperating Clinicians at:

Adairville, Albany, Anchorage, Ashland, Barbourville, Bardwell, Bedford, Benton, Berea, Booneville, Bowling Green, Brandenburg, Brooksville, Brownsville, Burkesville, Cadiz, Camp Taylor, Campton, Carlisle, Carrollton, Central City, Clinton, Columbia, Corbin, Covington, Cynthiana, Dixon, Eddyville, Edmonton, Elizabethtown, Elkton, Flemingsburg, Fredonia, Frenchburg, Fullerton, Fulton, Georgetown, Glasgow, Grayson, Greenburg, Greenup, Greenville, Hardinsburg, Harrodsburg, Hartford, Hawesville, Hazard, Henderson, Hickman, Hindman, Hopkinsville (2), Horse Cave, Hyden, Inez, Irvine, Jackson, LaCenter, Lawrenceburg, Leitchfield, Lexington, Lewisport, Liberty, London, Louisa, Louisville (7), McKee, Madisonville, Manchester, Marion, Mayfield, Maysville, Middlesboro, Monticello, Morehead, Morganfield, Morgantown, Mt. Vernon, Munfordville, Murray, Newport, Owenton, Owingsville, Paducah, Paintsville, Paris, Pikeville, Pineville, Prestonsburg, Princeton, Providence, Richmond, Russell, Russellville, Salem, Sass Ridge, Scottsville, Smithland, Somerset, Stanford, Stanton, Sturgis, Taylorsville, Tompkinsville, Valley Station, Warsaw, West Liberty, Whitesburg, Whitley City, Wickliffe, Williamsburg, Williamstown, Yeaddiss.

**National Youth Administration, Region V:** See Ohio.

**Social Protection Section, Office of Defense Health and Welfare Services, Region V:** See Ohio.

**U. S. Army, Fifth Corps Area:** See Ohio.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, T. P. Cooper; *State Home Demonstration Leader*, Myrtle M. Weldon, College of Agriculture, University of Kentucky, Lexington.

**U. S. Navy, Ninth District:** See Illinois.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Dr. John Barrow, Berea College, Berea; Mrs. Ann B. Anderson, Kentucky State College, Frankfort; Norma B. Cass, University of Kentucky, Lexington; J. Paul Druon, University of Louisville; Dr. Lee Francis Jones, Western Kentucky State Teachers College, Bowling Green.

**U. S. Public Health Service:** *State Venereal Disease Control Consultant*, P. A. Surgeon John A. Lewis, Jr., State Department of Health, Louisville; for *Director, District III*, see Illinois; for *Liaison Officer, Fifth Army Corps Area*, see Ohio.

**Work Projects Administration:** *Director of Community Service Program*, Elizabeth Fullerton, 9th and Broadway, Louisville.

**State Department of Health, Louisville.**—The Kentucky prenatal law and the Kentucky premarital law have together stimulated a general interest in and a dissemination of knowledge concerning venereal diseases among all classes of citizens in the State.

The prenatal law became effective June 12, 1940. Since that date, examinations of pregnant women under this law have totaled 88,685. Of this total 1,644 or 1.86%, were positive. In every case, effort was made to bring the patient

\* See page 239 for national headquarters.

under anti-syphilitic treatment. The premarital law became effective January 1, 1941. Since that date, serological examinations on applicants for marriage licenses in Kentucky have totaled 102,810. Of this total, 2,207, or 2.1% were positive. Many of the positive premarital applicants were non-residents of Kentucky; the majority of them, regardless of whether of this State or other states, have now been brought under treatment.

Laboratories in Kentucky, which have been approved in accordance with the Serodiagnostic Survey as recommended by the National Committee for the Serodiagnosis of Syphilis, now number seventy-nine. Several other private laboratories are participating in a serodiagnostic survey, which is being conducted at this time, so it is to be expected that this number will be increased shortly. At the present time, 135 clinics in the State are treating an aggregate of 10,804 syphilis patients. Five new clinics have been established since the beginning of the current year.

Every effort is made to cooperate with the medical staffs of the Army cantonments in this State. Contact tracing, case finding, and case holding, have all been improved since the employment in April, 1942, of forty additional venereal disease investigators. Clinics, in most cases, have increased their case loads from forty to fifty per cent or more. Private physicians have been gratifyingly cooperative. Many of these physicians are securing, through the State Department of Health and the various local health units, drugs for treatment of indigent and semi-indigent patients. All syphilitic patients under treatment are reported and records of treatment are made in the Central Tabulating Unit. Reports are sent to clinic directors of the status of their various clinics. These reports serve as an incentive for improvement of work from month to month.

Many of the private serodiagnostic laboratories are cooperating with their local draft boards, as well as with the State Department of Health laboratory. The Kahn Verification test, when indicated, is used. Treatment in general has improved. The aggregate number of patients under treatment in Kentucky increased from 14,591 in 1940 to 15,431 in 1941.

A new prostitution law, which became effective June 2 of this year, is expected still further to improve the situation by curbing an important source of venereal disease dissemination.

Two venereal disease educators have been added to the staff of the Bureau of Venereal Diseases of the State Department of Health. These educators operate out in the field, spreading information regarding venereal disease to the general public. This phase of the venereal disease control activity is augmented by the entire staff of the Venereal Disease Bureau. The educators cooperate, in every way possible, with the Social Hygiene Association of Kentucky, which is an affiliate of the American Social Hygiene Association. While progress is not spectacular, it is felt that we are gradually and constantly approaching the goal of venereal disease control in Kentucky.

**Social Hygiene Association of Kentucky, Louisville.**—Outstanding in the work of the past year was the celebration of Sixth National Social Hygiene Day in Louisville. Besides three radio programs, good space with pictures in the newspapers, and representation of the Association at the Cincinnati Regional Conference, a luncheon meeting was held in Louisville on the theme of Delinquency and National Defense, with speakers from the U. S. Navy and the Selective Service Board.

Another very successful feature of the Association's program was the Institute on Education for Marriage conducted by Dr. Carl Whittaker, well-known psychiatrist.

The Association took a leading part early in 1942 in securing the passage of the new state law for the repression of commercialized prostitution, which brings Kentucky into the group of states now having adequate legislation on this subject.

A.S.H.A. staffs visiting Kentucky during the past year have included Miss McGrath, who studied industrial conditions in Wheelwright, and Mr. Gould, who aided in drafting the new state law for repression of prostitution above referred to.

## LOUISIANA

<i>Population</i>		<i>Population rank among states</i>	21
Urban	980,439	<i>A.S.H.A. members in state</i>	260
Rural	1,383,441		
	<u>2,363,880</u>		

### Social Hygiene Societies and Committees

**Monroe-Ouachita Parish Social Hygiene Society:** *Chairman*, G. Douglas Williams, M.D., c/o Ouachita Parish Health Department.

#### New Orleans:

**Social Hygiene Association of New Orleans:** *Executive Secretary*, Mrs. L. Towson Ellis, 205 New Orleans Court Bldg.

**New Orleans Committee on Social Hygiene Day:** *Chairman*, Eugene B. Vickery; *Secretary*, Mrs. L. T. Ellis.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Matt Monaghan, 201 Masonic Temple, New Orleans.

**Kiwanis International:\***

**Lions International:\***

**Louisiana Conference of Social Welfare:** *Executive Secretary*, Mrs. Roberta G. Falk, P. O. Box 1362, Baton Rouge.

**Louisiana Congress of Parents and Teachers:** *President*, Mrs. Fagan Cox, 4202 South Grand, Monroe; *Social Hygiene Chairman*, Alvin Good, Natchitoches.

**Louisiana Federation of Women's Clubs:** *Chairman*, Public Welfare, Mrs. Gaston Dominguez, Jeanerette.

**Louisiana Junior Chamber of Commerce:** *President*, Ringgold B. Hardin, Roosevelt Hotel, New Orleans.

**Louisiana Nurses Association:** *Secretary*, Saide Salmela, Charity Hospital; *Secretary*, State Organization for Public Health Nursing, Ezukda Deckman, 4219 S. Johnson Street, New Orleans.

**Louisiana State Medical Society:** *President*, Emmett L. Irwin, M.D., New Orleans; *Secretary*, P. T. Talbot, M.D., 1430 Tulane Avenue, New Orleans.

**Louisiana State Teachers Association:** H. W. Wright, 418 Florida Street, Baton Rouge.

**Louisiana Woman's Christian Temperance Union:** *President*, Mrs. Beulah Mayo, 1635 Hodges St., Lake Charles.

**Rotary International:\***

**Tuberculosis and Public Health Association of Louisiana:** *Executive Secretary*, Mrs. John M. McBryde, 1214 Tulane Ave., New Orleans.

**United Service Organizations, Region X:** See Texas.

### Official Agencies

**Louisiana Civilian Defense Council:** *Coordinator*, Roland Cocreham, State Capitol, Baton Rouge.

\* See page 239 for national headquarters.

**Louisiana State Department of Education:** *Superintendent of Public Education*, John E. Coxe, Baton Rouge; *Supervisor, Health, Physical and Safety Education*, S. A. McNeely; *Supervisor of Negro Education*, J. E. Williams.

**Louisiana State Department of Health:** *State Health Officer*, C. L. Mengis, M.D., 203 Civil Court Bldg., New Orleans; *Supervisor, Section on Venereal Disease Control*, Ira L. Schamberg, M.D., same address.

**Clinics or Cooperating Clinicians at:**

Abbeville, Alexandria, Arcadia, Bastrop, Batchelor, Baton Rouge, Benton, Bermuda, Bernice, Bogalusa, Bonita, Bossier City, Boyce, Calhoun, Campti, Carencro, Caspiana, Church Point, Clarks, Colfax, Collinston, Columbia, Cotton Valley, Coushatta, Covington, Crowley, DeRidder, Destrehan, Dixie, Donaldsonville, Duplessis, East Point, Elizabeth, Elton, Epps (2), Evening Star, Farmerville, Ferriday, Franklin, Franklinton, Gilliam, Glenmora, Gloster, Grambling, Grand Cane, Gueydan, Hahnville, Haynesville, Holly Ridge, Homer, Houma, Iota, Jeanerette, Jena, Jennings, Jonesboro, Jonesville, Kaplan, Lafayette (2), Lake Arthur, Lake Providence, Lake St. John, Lecompte, Leesville, Liberty, Lockport, Louisa, Madisonville, Mansfield (2), Maringouin, Marksville, Melrose, Merryville, Minden, Mira, Monroe, Morgan City, Mount Olive, Natchitoches, Newellton, New Iberia, New Orleans (6), New Roads, Oakdale, Oak Grove, Oak Ridge, Oberlin, Opelousas, Pineville, Plaquemine, Rayne, Rayville, Ringgold, Robson, Ruston, St. Joseph, St. Martinville, Shreveport, Sicily Island, Sondheimer, Spearsville, Spring Hill, Tallulah, Thibodaux, Vidalia, Ville Platte, Vivian, Waterproof, Weeks Island, Welsh, White Castle, Winnfield, Winnsboro (2), Wisner.

**Louisiana State Department of Public Welfare:** *Commissioner*, C. Ellis Henican, Baton Rouge.

**National Youth Administration, Region X:** See Texas.

**Social Protection Section, Office of Defense Health and Welfare Services, Region X:** See Texas.

**U. S. Army, Fourth Corps Area:** See Georgia.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. C. Sanders; *State Home Demonstration Leader*, Ellen LeNoir, Louisiana State University and Agricultural and Mechanical College, University Station, Baton Rouge.

**U. S. Navy, Eighth District:** The Commandant, Headquarters, New Orleans; *Venereal Disease Control Officer*, Lt. Comdr. C. W. Robles (MC). See also Florida and Texas.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Nathaniel J. Stewart, Dillard University, New Orleans; James A. McMillen, Louisiana University, Baton Rouge; Mrs. C. S. Shade, Southern University, Scotlandville; Robert J. Usher, Tulane University of Louisiana, New Orleans.

**U. S. Public Health Service:** *Director*, District IV, Medical Director Charles L. Williams; *District Venereal Disease Control Consultants*, Surgeon Frank S. Fellows, P. A. Surgeon D. C. Elliott; *State Venereal Disease Control Consultants*, P. A. Surgeon Terrence E. Billings, State Board of Health, New Orleans; P. A. Surgeon Robert L. Zobel, State Department of Health, Baton Rouge, 1307 Pere Marquette Bldg., New Orleans; for *Liaison Officer*, Fourth Army Corps Area, see Georgia.

**Work Projects Administration:** *State Director of Community Service Program*, Alma S. Hammond, 803 Canal Bank Bldg., P. O. Box 1070, New Orleans.

**State Board of Health, New Orleans.**—Louisiana is one of four states to improve its laws for the repression of prostitution during 1942, becoming the twenty-third state to adopt adequate legislation for this purpose. The new law provides for penalizing keepers or operators of any place or conveyance used for prostitution; owners who knowingly permit or let their property for the purposes of prostitution; and occupants in, and frequenters of, such places.

Louisiana has had in effect since July 31, 1940, a law requiring prenatal examination for syphilis, including a blood test at first examination or as soon thereafter as possible.

The Board of Health conducts a program of education, with the Social Hygiene Association of New Orleans cooperating. In February, 1941, on the occasion of *Fifth National Social Hygiene Day*, social hygiene groups in Louisiana sponsored one of five regional conferences held in different parts of the United States. . . . On May 14, 1942, a community-wide meeting was held in New Orleans in connection with the National Conference of Social Work. . . .

Louisiana has a large military population, and in addition has been the scene of large-scale maneuvers. New Orleans was one of the first cities to provide for recreation for soldiers and sailors visiting the city, through an Information Center set up by the New Orleans Committee on Recreation for Service Men. Organized under the Group Work and Recreation Division of the Council of Social Agencies, which is made up of representatives from various health and welfare organizations, the center provides a lounge, writing materials, game facilities, reading matter, and a clearing house of information about the sights of the city, programs and facilities of the various clubs and churches, and events of interest to service men.

**New Orleans: Social Hygiene Association of New Orleans.**—Social hygiene war problems loom large in New Orleans since there are several navy establishments in or near the city and a number of large army camps in the State. New Orleans was one of the first cities to recognize the need for a coordinated recreational program and, through its Council of Social Agencies, early in 1941, undertook a program which has since been coordinated with the USO, the American Women's Volunteer Service, and other groups. Through the Division of Industrial Hygiene of the State Health Department, cooperating with the Section on Venereal Disease Control, blood tests are being given in war industries plants.

Law enforcement for repression of commercialized prostitution is improving. An isolation hospital has been established in Leesville, for infected prostitutes. A law requiring examinations of expectant mothers for syphilis was enacted in July, 1940, and a bill providing for premarital examinations for syphilis was introduced in the State legislature, but failed to pass. Public understanding and cooperation is excellent in support of these laws especially among church and family welfare groups. Facilities for finding and treating syphilis and gonorrhea have been increased but are still unequal to the need. The pharmaceutical groups are aiding to some extent in the campaign against quackery. Radio stations and newspapers cooperate in public information and an active educational program is maintained through the use of posters, pamphlets, and motion pictures shown through the Health Department. While public schools have not yet incorporated sex education in their curricula, most private schools and the colleges give such instruction. Marriage and parenthood training courses are given by YMCA, YWCA, YMHA, YWHA.

New Orleans was the scene of a Regional Conference on *Fifth National Social Hygiene Day*, February 5, 1941, sponsored jointly with the American Social Hygiene Association, 45 state and local agencies, and a Committee on Social Hygiene Day, of which Honorary Chairman was Dr. John H. Musser, and Chairman was Ralph Boothby. On May 14th, 1942, 20 of these agencies sponsored a program on *Social Protection in Wartime*, in connection with the National Conference of Social Work.

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A.S.H.A. staff members are frequent visitors to Louisiana. Among those there for special meetings or conferences with health officials, law enforcement officers or Army and Navy officials during the past year and a half are: Dr. Storey, (to attend a meeting of the National Student Health Association at New Orleans and the Regional Conference on *Fifth National Social Hygiene Day*); Mr. Johnson, (as consultant on law enforcement questions and as speaker at the May 14th meeting in New Orleans) Mr. Gould, as consultant on the

newly enacted legislation; Miss McGrath, regarding industrial matters; and Miss Pinney regarding community organization and public information programs.

From September, 1939 to April, 1941, the A.S.H.A. maintained a **Southern States Division** office in New Orleans, with Mrs. William Haller, Jr., as field secretary. Close cooperative relations continue with the New Orleans Social Hygiene Association and other state and community voluntary agencies, as well as with the official groups.

## MAINE

*Population*  
*Urban* 343,057  
*Rural* 504,169  


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 847,226

*Population rank among states* 35  
*A.S.H.A. members in state* 19

### Social Hygiene Societies and Committees

Portland: Social Protection Committee, Council of Social Agencies: *Executive Secretary*, John D. Wellman, Oxford Bldg., 187 Middle Street.

### Other Voluntary Agencies

American Legion: *Department Adjutant*, James L. Boyle, 104 Main Street, Waterville.

Kiwanis International:\*

Lions International:\*

Maine Congress of Parents and Teachers: *President*, Mrs. Burton Goodwin, Mexico; *Social Hygiene Chairman*, L. Joe Roy, Farmington.

Maine Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. J. W. Sweetsir, 54 Nott Street, Saco.

Maine Medical Association: *President*, Carl H. Stevens, M.D., Belfast; *Secretary*, Frederick R. Carter, M.D., 142 High Street, Portland.

Maine Nurses Association: *Executive Secretary*, Mrs. Alice S. Hawes, 54 Saunders Street, Portland; *Chairman*, Public Health Nursing Section, Helen Field Dunn, State House, Augusta.

Maine Public Health Association, Inc.: *Financial Secretary*, Mrs. Alice H. McGouldrick, 256 Water Street, Augusta.

Maine State Conference of Social Welfare: *Secretary*, Mrs. Marion Powers, 218 Ohio Street, Bangor.

Maine Teachers Association: Richard B. Kennan, 14 Western Avenue, Augusta.

Maine Woman's Christian Temperance Union: Headquarters, 142 Free Street, Portland. *In charge*, Elsie I. Hannaford; *President*, Mrs. Augusta K. Christie, Presque Isle.

Rotary International:\*

United Service Organizations, Region I: See Massachusetts.

### Official Agencies

Maine Civilian Defense Council: *Director*, Col. F. H. Farnum, State House, Augusta.

Maine State Department of Education: *Commissioner of Education*, Bertram E. Packard, Augusta; *Director of Physical Education*, C. Harry Edwards.

Maine State Department of Health and Welfare: *Director of Health*, Roscoe L. Mitchell, M.D., Augusta.

#### Clinics or Cooperating Clinicians at:

Augusta, Bangor, Bath, Belfast, Biddeford, Bingham, Calais, Danforth, Eastport, Ellsworth, Grand Isle, Gilford, Houlton, Island Falls, Kittery, Lewiston (2), Millinocket, Old Town, Portland (3), Presque Isle, Rockland, Rumford, Sanford, Waterville, Wilton, Winthrop.

National Youth Administration, Region I: See Massachusetts.

Social Protection Section, Office of Defense Health and Welfare Services, Region I: See Massachusetts.

\* See page 239 for national headquarters.

**U. S. Army, First Corps Area:** See *Massachusetts*.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, A. L. Deering; *State Home Demonstration Leader*, Estelle Nason, College of Agriculture, University of Maine, Orono.

**U. S. Navy, First District:** See *Massachusetts*.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*: L. T. Ibbetson, University of Maine, Orono.

**U. S. Public Health Service:** For *Director*, District I, see *New York*; for *Liaison Officer*, First Army Corps Area, see *Massachusetts*.

**Work Projects Administration:** *State Director of Community Service Program*, Helen Irene Twombly, 142 High Street, Portland.

**State Bureau of Health, Augusta.**—No venereal disease patient need be without treatment in Maine. Hospitalization is provided for infectious cases, and special examinations or treatment by specialists. Drugs are given private physicians for all venereal patients. There are 29 clinics for venereal disease diagnosis and treatment and for those who cannot afford it, transportation to a clinic or the fee of a local physician is paid by the State.

Public health nurses are used for case-finding and case-holding work. Additional nurses are being assigned to military and industrial areas. Social protection committees are working to protect soldiers, sailors and civilians from unwholesome conditions. Prostitution is not tolerated.

In the educational campaign, newspapers and radio stations cooperate. The Department makes use of lectures, movies and the distribution of literature. Educational material has been placed in pay envelopes by some plants. Preemployment blood tests are becoming more common.

A number of A.S.H.A. staff members and officers regularly confer with health officials and other interested agencies and groups in Maine. Dr. Snow, Dr. Clarke, Dr. Storey, and Mr. Gould, are among those who have visited the Pine Tree State in recent months.

## MARYLAND

### Population

Urban 1,080,351

Rural 740,893

1,821,244

Population rank among states 28

A.S.H.A. members in state 58

### Social Hygiene Societies and Committees

**Baltimore:** *Maryland Social Hygiene Society:* (Inactive) *Acting Secretary*, James M. Hepbron, 22 Light Street.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, J. Nelson Tribby, War Memorial, Baltimore.

**Civitan International:** *District Governor*, Chesapeake District, John W. Farrell, 925 Fidelity Bldg., Baltimore.

**Kiwanis International:**\*

**Lions International:**\*

\* See page 239 for national headquarters.



- Maryland State Conference of Social Welfare:** *Secretary*, Mrs. Caroline D. McDermott, 22 Light Street, Baltimore.
- Maryland Congress of Parents and Teachers:** *President*, Mrs. G. R. Clements, 7 Thomas Street, Annapolis; *Social Hygiene Chairman*, Mrs. Fred H. Cook, 2950 Hartford Avenue, Baltimore.
- Maryland-Delaware Council of Church Women:** *President*, Mrs. Milton C. Lang, 306 Tunbridge Road, Baltimore.
- Maryland Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Charles O. Appleman, College Park.
- Maryland Junior Chamber of Commerce:** *President*, Ralph M. Race, Frostburg.
- Maryland Nurses Association:** *Executive Secretary*, Mrs. Blanche G. Powell, 1217 Cathedral Street, Baltimore; *Secretary*, State Organization for Public Health Nursing, Charlotte von Briesen, 346 Rosebank Avenue, Baltimore.
- Maryland State Teachers Association:** Lillian Cheezum, Easton.
- Maryland Tuberculosis Association:** *Managing Director*, William B. Mathews, 900 St. Paul Street, Baltimore.
- Medical and Chirurgical Faculty of Maryland:** *President*, R. Lee Hall, M.D., Pocomoke City; *Secretary*, W. H. Toulson, M.D.; 1211 Cathedral Street, Baltimore.
- Rotary International:\***
- United Service Organizations, Region IV:** See Virginia.

### Official Agencies

- Maryland Council of Defense:** *Executive Director*, Isaac S. George, 203 Calvert Bldg., Baltimore.
- Maryland State Department of Education:** *Superintendent of Schools*, Albert S. Cook, 1111 Lexington Bldg., Baltimore; *Supervisor of Physical Education and Recreation*, Thomas C. Ferguson; *Supervisor of Colored Schools*, J. Walter Huffington.
- Maryland State Department of Health:** *Director of Health*, Robert H. Riley, M.D., Baltimore; *Chief*, Bureau of Venereal Diseases, F. O. Reinhard, M.D.

#### Clinics or Cooperating Clinicians at:

Annapolis (2), Baltimore (16), Bel Air, Berlin, Brunswick, Cambridge, Centreville, Chestertown, Crisfield, Cumberland, Damascus, Dawsonville, Denton, Easton, Eldersburg, Elkton, Ellicott City, Federalsburg, Frederick, Grayton, Hagerstown, Havre de Grace, Hughesville, Hurlock, Hyattsville, Kitzmiller, La Plata, Laurel, Leonardtown, Linden, McKendree, Magothy, Norbeck, Oakland, Pasadena, Pocomoke City, Pomonkey, Prince Frederick, Princess Anne, Rockville, Salisbury (2), Sandy Spring, Snow Hill, Sparrows Point, Stevensville, Sudlersville, Towson, Upper Marlboro, Westernport, Westminster, Wheaton.

- Maryland State Social Welfare Commission:** *Chairman*, Walter F. Gries, 230 North Grand Avenue, Lansing.
- National Youth Administration, Region IV:** See West Virginia.
- Social Protection Section, Office of Defense Health and Welfare Services, Region III:** See District of Columbia.
- U. S. Army, Third Corps Area:** Headquarters, U. S. Post Office and Court House, Baltimore; *Venereal Disease Control Officer*, Captain Albert F. Doyle.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, T. B. Symons; *State Home Demonstration Leader*, Venia M. Kellar, University of Maryland, College Park.
- U. S. Navy, Fifth District:** See Virginia.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Mrs. Angeline D. Smith, Morgan State College, Baltimore; Prof. Carl W. E. Hintz, University of Maryland, College Park.
- U. S. Public Health Service:** *Director*, District II, Senior Surgeon W. K. Sharp, National Institute of Health, Bethesda; *Liaison Officer*, Third Army Corps Area, Surgeon E. W. Norris, U. S. Post Office and Court House, Baltimore; *Director*, Syphilis Research Center, P. A. Surgeon Harry Eagle, Johns Hopkins Hospital; *District Venereal Disease Control Consultant*, P. A. Surgeon Noka B. Hon. Public Health Methods Bldg., National Institute of Health, Bethesda; *State Venereal Disease Control Consultant*, P. A. Surgeon Nobel W. Guthrie, Johns Hopkins University, Baltimore.

\* See page 239 for national headquarters.

**Work Projects Administration:** (Also serves Delaware and District of Columbia.)  
*State Director of Community Service Program, Mrs. Amalie S. Fair, 1100  
Baltimore Trust Bldg., Baltimore.*

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**State Department of Health, Baltimore.**—The control of syphilis in Maryland is handled separately by the Maryland State Health Department for the counties and the Baltimore City Health Department for the City of Baltimore.

The State Department of Health has consultation service by one of the outstanding clinicians in the United States who has been instrumental in drawing up a program of venereal disease control application in the counties of Maryland. Fifty free clinics are now operated in the counties for the treatment of syphilis and gonorrhea. Wherever possible, these clinics are staffed by a member of the county medical society, a number of whom have taken special training in the treatment of venereal diseases. Seven clinics are operated by county health officers. To these facilities is added the contribution made by the two large university clinics in the treatment of non-residents of Baltimore City.

“In addition, the State Health Department operates two serologic laboratories, one in Baltimore and one in Cumberland, which in 1941 examined 100,638 specimens from county patients. These facilities are overtaxed to meet the potential demand. There were 3,331 new cases applying to clinics in the counties in 1941. The total number of visits in that year to State controlled or subsidized clinics in the counties was 97,652. There is no adequate information as to the proportion of patients treated at private hands as compared with State controlled clinics, but it is fair to assume that the potential demand for treatment is far above the actual demand. State officials conduct serologic tests on all draftees appearing before local boards and also submit for examination specimens from any active or suspected cases of gonorrhea. The Induction Board has made an ideal center for such examinations and has offered an unusual opportunity for case-finding on a wide scale, especially for syphilis. When draftees are found to be infected, they are reported to the local county organizations and are followed up by the health department to insure proper medical supervision.

“Treatment facilities are in general better than the facilities for diagnosis in the State controlled clinics. However, diagnostic facilities have greatly improved. This is an inevitable consequence of lack of sufficient medical personnel to enable thorough history taking and physical examination of each new admission.

“In the development of a program for syphilis control, a committee was appointed by the Council of the Medical and Chirurgical Faculty to draw up and submit to the Director, State Department of Health recommendations for procedure. The majority of these recommendations have been placed in effect. The newer elements of the syphilis control program, as so far elaborated, include the following:

(1) The establishment by the bureau of communicable diseases of the State Department of Health of a more extensive service, dealing specifically with the venereal diseases.—A consultant to the State health department has been appointed to advise in the direction of this work.

(2) The establishment of a consultation service for difficult diagnostic or therapeutic problems.—This step has been arranged for through the Johns Hopkins Hospital syphilis clinic to which the county health officer may refer a patient for expert advice; through the provision of peripatetic consultants who may be called upon for visits to State clinics; and through consultation by mail with the consultant to the State Health Department.

(3) The free distribution to medical practitioners by the State health department of selected antisyphilitic drugs.

(4) An increase in the epidemiologic work leading to the examination of contacts of patients with early syphilis.—No centralized bureau for this purpose has been set up, because of doubt as to the advisability of such a step. The State health department has felt that it could function better in this respect by stimulating county health officers and practicing physicians to conduct their own contact investigations. Progress in this direction, although slow, has been perceptible. Based on the recommendations of the Committee to Coordinate Venereal Disease Activities among the Armed Forces and Civilian Population in the Metropolitan Washington Area, there has been developed a proposed cooperative epidemiologic program. The plan provides for reporting to all venereal disease treatment centers—public clinics, military and naval stations, and physicians in private practice—each new case of venereal disease together with such identifying information on the contacts of the case as may be obtainable. These reports will be submitted to the health officer within whose jurisdiction the treatment source is located.

(5) The establishment of provisions for the training of personnel to man State operated or subsidized clinics.—A new clinic, especially designed and organized for this purpose, has been established at the Johns Hopkins Hospital. County and State health department officers are accepted for a minimum period of 6 months of training, and are urged to remain for a full year. Since the inauguration of this clinic in September 1936, 13 health officers have availed themselves of this opportunity.

(6) A survey of existing facilities for the diagnosis and treatment of syphilis has been made by the consultant and his staff.

(7) Pursuant to recommendations resulting therefrom, the following alterations in facilities and practice have been made.—Several new clinics have been established for the treatment of patients who were not conveniently located to towns in which clinics were heretofore operated. A form has been adopted for use in all clinics which provides for physical examination of the patient and a complete record of the treatments given. All deputy State health officers have been advised that they are responsible for the venereal disease clinics, should keep in touch with their operation and, as far as possible, should interview all new patients, ascertain the contacts and source of infection, and assume complete charge of the epidemiologic work in connection with the operation of the clinics.

(8) A beginning has been made toward an organized effort to encourage routine Wassermann testing on all hospital admissions, and of all pregnant women by obstetrical clinics, private practitioners, and midwives.

(9) An educational campaign for physicians has been conducted.—This has been done largely by word of mouth. At its inception the program was presented in detail to each county medical society of the State by the consultant to the State health department, or one of his associates. This was done primarily to gain the formally recorded approval of the medical profession to the plan. In addition, however, it served the useful purpose of stimulating interest in the subject, and the consultant and his associates have addressed numerous local medical societies upon various clinical aspects of the diagnosis and treatment of syphilis.

(10) Informative literature for distribution to patients has been prepared.

(11) An educational campaign for the laity has been conducted.—In this respect the newspapers have been most cooperative in granting full publicity to all news-worthy items. For the more desirable direct approach, the State Health Department has acquired the educational talking slide film, *For All Our Sakes*, and other recent motion pictures on venereal disease control, and the consultant and his associates have made a large number of talks to such civic-minded groups as luncheon clubs and Parent-Teacher Associations."

The Maryland Social Hygiene Society, in the 1920 decade one of the most important and effective state voluntary groups, maintains a skeleton organization, should emergency arise calling for action on the part of such an agency.

A.S.H.A. staff members are frequent visitors to Baltimore, in especial Dr. Walter Clarke, who lectures at Johns Hopkins University.

## MASSACHUSETTS

*Population*  
*Urban* 3,859,476  
*Rural* 457,245  


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 4,316,721

*Population rank among states* 8  
*A.S.H.A. members in state* 129

### Social Hygiene Societies and Committees

#### Boston:

Massachusetts Society for Social Hygiene: *President*, George Gilbert Smith, M.D.; *Executive Secretary*, Mrs. S. W. Miller, 1146 Little Bldg.

Massachusetts Anti-Syphilis Committee: *Chairman*, Walter B. Cannon, M.D., Harvard University Medical School, 25 Shattuck Street.

Massachusetts Committee on Social Hygiene Day: *Honorary Chairman*, Governor Leverett Saltonstall; *Chairman*, Ralph Bradley, *Secretary*, Mrs. S. W. Miller, 1106 Little Bldg.

Cambridge: Social Hygiene Committee, Cambridge Tuberculosis and Health Association: *Chairman*, J. L. Rudd, M.D., 689 Massachusetts Avenue.

Holyoke Social Hygiene Committee: *Chairman*, Louis K. Appel, 42 Brookline Avenue.

Northampton: Sub-Committee on Social Hygiene, Hampshire County Public Health Association: *Executive Secretary*, Mrs. Geneva F. Rockford.

Pittsfield: Social Hygiene Committee, Council of Social Agencies: *Secretary*, I. P. Thompson, 74 North Street.

Springfield: Social Hygiene Committee, Hampden County Tuberculosis and Public Health Association: *Director*, W. O. Johnson, 145 State Street.

### Other Voluntary Agencies

American Legion: *Department Adjutant*, Coleman C. Curran, Room 159, State House, Boston.

Civitan International: *Lt. Governor*, New England District, H. F. Fabricius, 26 Pleasant Street, Baldwinville.

Kiwanis International:\*

Lions International:\*

Massachusetts Conference on Social Work: *Executive Secretary*, Richard K. Conant, 41 Mt. Vernon Street, Boston.

Massachusetts Congress of Parents and Teachers: *President*, Mrs. Luther R. Putney, 80 Boylston Street, Boston; *Social Hygiene Chairman*, Helen I. D. McGillicuddy, M.D.

Massachusetts Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. Merton B. Dexter, 115 Albemarle Street, Springfield.

Massachusetts Junior Chamber of Commerce: *President*, Leo R. Minnehan, 2 Acron Road, Brookline.

Massachusetts Medical Society: *President*, George A. Schadt, M.D., Springfield; *Secretary*, Michael A. Tighe, M.D., 8 The Fenway, Boston.

Massachusetts Nurses Association: *Executive Secretary*, Helen G. Lee, 420 Boylston Street, Boston; *Secretary*, State Organization for Public Health Nursing, Mrs. Ben Ross Schneider, 21 Winthrop Street, Winchester.

Massachusetts Teachers Federation: Hugh Nixon, 15 Ashburton Place, Boston.

Massachusetts Tuberculosis League: *Executive Secretary*, Arthur J. Strawson, 1148 Little Bldg., Boston.

Rotary International:\*

United Service Organizations, Region I: *Executive*, Chester H. Smith, 1103 Park Square, Boston.

\* See page 239 for national headquarters.

### Official Agencies

**Massachusetts Committee on Public Safety:** *Executive Director*, J. W. Farley, 18 Tremont Street, Boston.  
**Massachusetts State Department of Education:** *Commissioner of Education*, Walter F. Downey, Boston; *Supervisor of Physical Education*, Daniel J. Kelly.  
**Massachusetts State Department of Public Health:** *State Commissioner of Public Health*, Paul J. Jakmauh, M.D., Boston; *Director, Division of Genitoinfectious Diseases*, Ernest B. Howard, M.D. On leave for Army duty, *Acting Director*, P. A. Surgeon John B. Hozier of U. S. P. H. S.

### Clinics or Cooperating Clinicians at:

Beverly, Boston (7), Brockton, Cambridge (2), Fall River, Fitchburg, Great Barrington, Haverhill, Holyoke, Lawrence (2), Lowell, Lynn, New Bedford, Newton, Pittsfield, Quincy, Roxbury, Springfield, Waltham, Worcester (2).

**U. S. Public Health Service:** For *Director*, District I, see New York. *Liaison Officer*, First Army Corps Area, Sr. Surgeon Roy E. Bodet, Boston Army Base, Boston.

**Massachusetts State Department of Public Welfare:** *Commissioner*, Arthur G. Rotch, Boston.

**National Youth Administration, Region I:** *Regional Director of Youth Personnel*, James W. Earley, No. 10 Post Office Square, Boston.

**Social Protection Section, Office of Defense Health and Welfare Services, Region I:** *Supervisor*, John J. Murphy, 120 Boylston, Boston.

**U. S. Army, First Corps Area:** Headquarters, Boston Army Base, Boston; *Venereal Disease Control Officer*, Captain Thomas H. Sternberg, MC.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, W. A. Munson; *State Home Demonstration Leader*, Mrs. Annette T. Herr, Massachusetts State College, Amherst.

**U. S. Navy, First District:** The Commandant's Headquarters, and *Venereal Disease Control Officer*, Lt. Comdr. F. J. Bailey, Boston.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Edith Baker, Clark University, Worcester; Prof. Arnold D. Rhodes, Massachusetts State College, Amherst; Mrs. Catherine W. Roberts, Smith College, Northampton.

**Work Projects Administration:** *State Director of Community Service Program*, Harold G. Dunney, 600 Washington Street, Boston.

**State Department of Public Health, Division of Genitoinfectious Diseases, Boston.**—Every effort is made to cooperate with the U. S. Public Health Service and the military and naval authorities. The Massachusetts program gives equal emphasis to the control of both syphilis and gonorrhea, with the provision of adequate treatment facilities and case finding.

The decline in reports of gonorrhea which began in 1932 has continued and since 1937 has been precipitous, coinciding with the appearance of the sulfonamides. It is possible that physicians are using these drugs in any condition which might be gonorrhea without making the diagnosis, and thus without making a report. The decline in reports from clinics may be due to a decreasing tendency on the part of physicians to refer patients to clinics since treatment with the sulfonamides is much simpler than the older methods of treatment with which many physicians declined to be bothered.

The rate of around 15 per 100,000 population for syphilis is less than the rate reported by the Scandinavian countries.

Through the use of Federal funds, the clinics at the Boston Dispensary, the Massachusetts General Hospital and the Peter Bent Brigham Hospital have been completely remodeled and largely re-equipped and are attracting nation-wide attention as the best clinics in this field in the country, and perhaps in the

world. These three clinics particularly, and some of the others, are now equipped for culture of the gonococcus which is so essential for the determination of cure when the sulfonamides are used. The laboratory at the Boston Dispensary is being used for the training of technicians from other laboratories in gonococcus culture.

The follow-up service in the clinics continues to be more and more effective as indicated by a continued decline in the number of cases which have to be reported to local boards of health. The distribution of arsenicals has increased tremendously.

The Department of Public Health has cooperated fully with the Army and Navy authorities in matters related to the national war program, and is following up draftees with positive or doubtful tests. Where investigation of contacts indicates reason to believe that prostitution is being practiced, responsible police officials are notified.

The Harvard School of Public Health continues to offer a course of training for health officers in genitoinfectious disease control. The Department continues cooperation with the Massachusetts Medical Society in maintaining a course of postgraduate instruction for physicians.

Massachusetts has had a prenatal examination law for syphilis in effect since November 1, 1939; and has since adopted a premarital examination law which became effective October 31, 1941.

**Boston: Massachusetts Society for Social Hygiene.**—The work of the Society continues to carry out the classical aims of social hygiene: (1) sex education and education for marriage and family life; (2) prevention and control of syphilis and gonorrhea; and (3) social protective measures.

The war situation has intensified activities and broadened opportunities, but not at the expense of the general program which is defense work in its broad sense. Any specific service for the benefit of the armed forces will, of course, contribute ultimately to the continuing social hygiene program.

Our lecture staff, headed by Dr. Helen I. D. McGillicuddy, continues its service to many different types of groups. Increasing calls have been made upon the Counseling Service with Lester W. Dearborn as director, and it is quite apparent that the emergency is developing a new set of problems with which we are being asked to help. The Defense Program has been carried on by Richard H. Anthony, who has been able to establish a highly effective cooperative program with official and voluntary agencies in the field. Mr. Anthony, besides being field representative of this Society, is part-time epidemiologist in the Division of Genitoinfectious Diseases of the State Department of Public Health. He is also vice-chairman of the Committee on Social Protection Services of the Massachusetts Public Safety Committee, of which Dr. McGillicuddy is also a member, and he and Dr. McGillicuddy are both members of the Boston Committee on Social Protective Measures. Mr. Anthony was chairman of a sub-committee of the latter which recently completed a survey of the social protection problems in Boston under three headings: I *The Serviceman on Leave*; II *The Girl Problem*; and III *Genitoinfectious Diseases*.

The Society in 1941 published a booklet on gonorrhea and syphilis—*Two Diseases You Don't Have to Have*—in everyday language designed for soldiers and sailors. So far nearly 150,000 copies have been distributed. Through cooperation of selective service officials, these booklets are furnished to every soldier inducted into the Army from Massachusetts, no matter where he goes. We also place them in the hands of every soldier stationed in Massachusetts, no matter where he comes from. Many of these boys write to the Society for additional information. In this way the Society is enabled to reach a group

of young men directly and to take advantage of wartime mobilization to further our long-range educational program.

High point of the past year's activities was the New England Regional Conference held on February 3, *Sixth National Social Hygiene Day*, when the Society and the Massachusetts Committee on Social Hygiene Day, headed by Governor Leverett Saltonstall, acted also as host to the Twenty-ninth Annual Meeting of the American Social Hygiene Association. The Conference theme *Social Protection in Wartime and After*, and the notable list of topics and speakers, brought a thousand interested members, friends, and representatives of important New England health groups together for valuable exchange of views and information. At the A.S.H.A. Annual Meeting the William Freeman Snow Award for Distinguished Service to Humanity was presented to Brigadier General Frederick F. Russell of Harvard University, and Honorary Life Memberships in the American Social Hygiene Association to Mr. Bascom Johnson and Colonel Claude C. Pierce. Eighty-one state and community agencies joined in sponsorship of the Conference, and fresh impetus was given to work in the whole area by this event.

The Society's Annual Meeting, held on May 5, 1942, was an informal affair, briefly presenting the range of activities during the past year, signs of progress, and certain everyday problems. It should be recorded that Massachusetts continues to maintain its record of a low venereal disease rate and efforts toward still further declines. Massachusetts has both premarital and prenatal examination laws.

**Cambridge Tuberculosis and Health Association.**—Medical and public health facilities are adequate to handle the problem, and the state program is well financed and supported. Local pharmacists are very cooperative in the distribution of literature, promotion of programs and in other ways. Newspapers cooperate in the educational campaign, and other channels of information are: institutes, talks to organized groups, movies, exhibits, literature, letters to physicians, and individual conferences.

Measures for the repression of prostitution and the prevention of sex delinquency are under police supervision. Cambridge has policewomen and a delinquency squad. Probation officers and social case workers engage in rehabilitative activity.

Church and other groups have sponsored programs and participated in institutes and conferences promoted by the Social Hygiene Committee concerning marriage and family relationships. Case workers have individual conferences. The Association organized a course in *Marriage and Family Relations* for young married people (Negroes) at the Community Center.

*Social Hygiene Day* was observed as usual. A meeting on *Social Hygiene and National Defense* was held on March 11, 1941, with prominent speakers from the Army and the Massachusetts Department of Health, and with local leaders speaking and leading discussion concerning the health of men in the service, the health of Cambridge and *What Is and Can Be Done to Prevent Unfavorable Effects on Health by National Defense*. The Social Hygiene Committee cooperated with the Massachusetts Society in sponsoring a Regional Conference on February 3, 1942.

A continuously alert attitude toward syphilis and gonorrhea rates, soldier and sailor activities and reports of investigations keeps the Committee abreast of the present situation. The Social Protection Committee and the Soldiers and Sailors Committee are working closely with the Social Hygiene Committee and are following the plan developed by the Massachusetts Committee on Public Safety.

**Holyoke Social Hygiene Association.**—"Study and thought have been given to the social hygiene problems which might arise, from being in close proximity to an army aviation base. Many of the problems which we anticipated did not materialize—we are glad to

say—and after a survey by the officials of the State organization of social hygiene, we were pleased to receive their confirmation that we were successfully dealing with problems that presented themselves.”

The policy of the Association has been to encourage the educational phases of the social hygiene program, as enlightenment is the best means of effecting progress.

Newspapers, radio station WHYN, cooperate and social agencies distribute the educational program literature and other educational materials. Police authorities, including a woman police officer, are active in regard to sex delinquency and prostitution. The Health Department program is adequate and efficient. Lecture courses for young people who contemplate marriage are popular and well attended. Public and private recreational organizations, including a well-functioning USO, have offered their facilities for men in the services.

**Pittsfield: Social Hygiene Committee, Council of Social Agencies.—**

This enterprising organization utilized *Social Hygiene Day*, 1942, to announce in the newspapers a “marked gain in syphilis cases” due to the war emergency, and to urge through a radio broadcast over station WBRK, that the community take steps promptly to prevent further infections. Considered as a most important factor in the interruption of the consistent downward trend of Pittsfield’s venereal disease rate is the shifting population occasioned principally by growing industrial employment which brings new people to the city “who have not been exposed previously to our social hygiene campaign.”

The City Health Department carries on a vigorous program for finding and treating syphilis and gonorrhea. The Committee is active in public education and information, with lectures and talks by physicians and many lay groups. Churches and other institutions assist in the training of young people for marriage and family life through lectures and round tables.

**Springfield: Social Hygiene Committee, Hampden County Tuberculosis and Public Health Association.—**

This comparatively new group has given definite attention to social hygiene in the community during the past year. Out of 90 special programs, 18 with a total attendance of nearly 2,000 were devoted to social hygiene subjects. Five meetings were held in celebration of *Social Hygiene Day* in February. The Committee has a large group of cooperating individuals and agencies who assist with this program.

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Massachusetts social hygiene groups continue to be among the strongest allies for the national program, and to set the pace for work throughout New England. Cooperation with the A.S.H.A. is closely knit, and interchange of staff visits and information is frequent. Among A.S.H.A. officers and staff members visiting Boston or other Massachusetts points during past months are: Dr. Snow, Dr. Clarke (who regularly gives a course at the Harvard School of Public Health) Mr. Johnson, Mr. Gould, Miss Shenehon, Mr. Stenek, Miss Pinney and Dr. Storey. Mr. Philip Mather, Chairman of the A.S.H.A. Committee on War Activities, as a resident of Boston, takes part in state and community work.



**MICHIGAN***Population**Urban* 3,454,867*Rural* 1,801,239

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5,256,106*Population rank among states* 7*A.S.H.A. members in state* 126***Social Hygiene Societies and Committees***

None.

***Other Voluntary Agencies*****American Legion:** *Department Adjutant*, Lisle H. Alexander (acting), 602 Barlum Tower, Detroit.**Civitan International:** *Lt. Governor*, North Central District, John H. Kenyon, 12755 Indiana Avenue, Detroit.**Kiwanis International:\*****Lions International:\*****Michigan Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. A. W. Bruce, 507 W. 8th Street, Traverse City.**Michigan Congress of Parents and Teachers:** *President*, Mrs. Edgar Thompson, 119 Monterey Avenue, Highland Park; *Social Hygiene Chairman*, Melita Hutzell, State Department of Health, Lansing.**Michigan Council of Church Women:** *President*, Mrs. Arthur C. Elliott, 510 Dougherty Place, Flint.**Michigan Junior Chamber of Commerce:** *President*, Walter Bass, Radio Station WOOD, Grand Rapids.**Michigan Nurses Association:** *Executive Secretary*, Olive Sewell, Capitol Savings & Loan Bldg., Lansing; *Secretary*, State Organization for Public Health Nursing, Mrs. Paul Cotcher, Genesee Co. Health Ass'n, Linden.**Michigan State Medical Society:** *President*, Henry R. Carstens, M.D., Detroit; *Secretary*, L. Fernald Foster, M.D., 2020 Olds Tower, Lansing.**Michigan Tuberculosis Association:** *Executive Secretary*, Theodore J. Werle, 403 Seymour Avenue, Lansing.**Michigan Welfare League:** *Executive Secretary*, John A. MacLellan, 521 Olds Tower, Lansing.**Rotary International:\*****United Service Organizations, Region V:** See Illinois.***Official Agencies*****Michigan Council of Defense:** *Administrator*, Lt. Col. Harold A. Furlong, 300 N. Grand Avenue, Lansing.**Michigan State Department of Education:** *Superintendent of Public Instruction*, Eugene B. Elliott, Lansing; *Director of Interscholastic Athletics*, C. E. Forsythe.**Michigan State Department of Health:** *State Health Commissioner*, H. Allen Moyer, M.D., Lansing; *Director*, Division of Venereal Diseases, Thomas E. Gibson, M.D., Lansing.***Clinics or Cooperating Clinicians at:***

Battle Creek, Benton Harbor, Berrien Center, Dearborn, Detroit (5), Eloise, Flint, Grand Rapids, Hamtramck, Highland Park, Jackson, Kalamazoo, Lansing, Midland, Pontiac (2), River Rouge, Royal Oak, Saginaw, Wyandotte, Ypsilanti.

**Michigan State Social Welfare Commission:** *Chairman*, Walter F. Gries, 230 N. Grand Avenue, Lansing.**National Youth Administration, Region V:** See Ohio.**Social Protection Section, Office of Defense Health and Welfare Services, Region V:** See Ohio.

\* See page 239 for national headquarters.

- U. S. Army, Sixth Corps Area: See Illinois.
- U. S. Department of Agriculture, Extension Service: *State Extension Director*, R. J. Baldwin; *State Home Demonstration Leader*, Edna V. Smith, Michigan State College of Agriculture, East Lansing.
- U. S. Navy, Ninth District: See Illinois.
- U. S. Office of Education, Civilian Morale Service: To receive material for *War Information Centers*: Jackson E. Towne, Michigan State College of Agriculture and Applied Science, East Lansing; Geraldine Gerring, Northern Michigan College of Education, Marquette; Prof. B. D. Thum, University of Michigan, Ann Arbor; Dr. G. Flint Purdy, Wayne University, Detroit.
- U. S. Public Health Service: *State Venereal Disease Control Consultant*, P. A. Surgeon Francis J. Weber, State Dept. of Health, Lansing. For *Director*, District III, and *Liaison Officer*, Sixth Army Corps Area, see Illinois.
- Work Projects Administration: *Director of Community Service Program*, Mrs. Bessie M. Garner, 1331 S. Washington Avenue, Lansing.

**Michigan Department of Health, Lansing.**—Michigan's part in the war effort is represented in greatest degree by the intensive war industry program. Therefore much of the state's effort at present is directed toward enlarging and increasing diagnostic and treatment facilities in industrial areas, along with encouragement of epidemiologic investigations and other methods, such as routine blood testing, calculated to discover all cases of syphilis and other venereal diseases. The greatest recent increase has been in diagnostic facilities for gonorrhea, with several centers established for performing gonococcal cultures. Plans are underway to establish new clinics, particularly in war industry areas, during 1942. At the end of this year, facilities for syphilis and gonorrhea will probably be adequate for the needs. The Department has a complete venereal disease control program and receives adequate financial support.

A plan is underway to secure cooperation of pharmaceutical societies in the campaign against quackery. Newspapers and radio stations cooperate fully in venereal disease education. The Department has directed programs over station WKAR in East Lansing and prepared material for several broadcasts over station WJR in Detroit. Other channels of education are motion pictures, lectures, numerous pamphlets and circulars and the *Monthly Bulletin* of the Department of Health. Certain state organizations, such as the Junior Chamber of Commerce, have venereal disease education as a special interest. Sex hygiene instruction is a regular part of the curriculum in state-supported educational institutions. It is planned to have expert educators work directly with labor groups such as labor union locals, to focus their attention on the venereal disease problem through the medium of group discussions and motion pictures devoted to the subject.

The work in and about military and naval establishments, as well as areas of war industry, should be assisted immeasurably by the new law passed this year providing for the legal commitment of certain persons afflicted with venereal disease, and also providing for the detention and examination of persons arrested on charges of prostitution. The Department of Health Investigator in this field is active in repressing prostitution. The State Welfare Department is also devoting some attention to the problems of rehabilitation and sex delinquency. Various local communities are likewise attempting to deal with the problem of rehabilitation through their social agencies.

Progress in the entire program is being helped greatly by increasing public awareness and recognition of the venereal disease problem, as indicated by the growing number of inquiries directed to the health department and the numerous requests from professional and lay groups for discussion of social hygiene subjects.

Michigan was one of the earliest states to establish a voluntary social hygiene society (about 1912), but at present there is no such active group. Michigan workers keep in close touch with the national office, however, and A.S.H.A. staff visits have been made during the past year by Dr. Clarke, Dr. Storey, Mr. Gould, Mr. Stenek, and Miss McGrath to the cities of Detroit, Battle Creek, Ann Arbor (University of Michigan) Jackson, Kalamazoo, Marshall, Lansing and Ypsilanti.

## MINNESOTA

*Population*  
*Urban* 1,390,098  
*Rural* 1,402,202  


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 2,792,300

*Population rank among states* 18  
*A.S.H.A. members in state* 53

### Social Hygiene Societies and Committees

Duluth: Euthenics Committee, Y.W.C.A.: *Chairman*, Mrs. John M. Glendenning, 1607 E. Superior Street.

### Other Voluntary Agencies

American Legion: *Department Adjutant*, C. A. Zwiener, State Historical Bldg., St. Paul.

Kiwanis International:\*

Lions International:\*

Minnesota Congress of Parents and Teachers: *President*, Mrs. S. E. Linsley, 1689 Charles Street, St. Paul; *Social Hygiene Chairman*, Paul J. Hanson, Superintendent of Schools, Barnesville.

Minnesota Council of Church Women: *President*, Mrs. Irving M. Hudson, 712 12th Avenue, So. Benson.

Minnesota Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. Leonard C. Cogswell, Route 1, Waysata.

Minnesota Junior Chamber of Commerce: *President*, Kimball D. Andrews, c/o Andrews Nursery Company, Faribault.

Minnesota Nurses Association: *General Secretary*, Caroline Rankiellour, 2642 University Avenue, St. Paul; *Secretary*, State Organization for Public Health Nursing, Mrs. Corinna J. Townsend, 2824 Girard Avenue, S. Minneapolis.

Minnesota Public Health Association: *Executive Secretary*, E. A. Meyerding, M.D., 11 W. Summit Avenue, St. Paul.

Minnesota State Conference of Social Work: *Executive Secretary*, Mrs. Ruth Stryker, Administration Bldg., University of Minnesota, Minneapolis.

Minnesota State Medical Society: *President*, H. Z. Giffin, M.D., Rochester; *Secretary*, B. B. Souster, M.D., Lowry Medical Arts Bldg., St. Paul.

Minnesota Woman's Christian Temperance Union: Headquarters, Vendome Hotel, Room 213, Minneapolis. *In charge*, Mrs. Alice May Stuart; *President*, Mrs. Ethel Bliss Baker, 2284 W. Lake of the Isles Blvd., Minneapolis.

Rotary International:\*

United Service Organizations, Region VIII: See Illinois.

### Official Agencies

Minnesota Council of Defense: *Chief of Staff*, C. A. Zwiener, 130 State Capitol, St. Paul.

Minnesota Division of Social Welfare: *Director*, Walter W. Finke, St. Paul.

Minnesota State Board of Health: *Secretary and Executive Officer*, A. J. Chesley, M.D., St. Paul; *Director*, Division of Preventable Diseases, O. McDaniel, M.D.

### Clinics or Cooperating Clinicians at:

Duluth, Minneapolis (4), Rochester, St. Paul (2), Savage.

Minnesota State Department of Education: *Commissioner of Education*, H. E. Flynn, St. Paul; *Supervisor of Health and Physical Education and Recreation*, Harold K. Jack; *Supervisor of Indian Schools*, Roy H. Larson, Bemidji.

\* See page 239 for national headquarters.

**National Youth Administration, Region VIII:** *Regional Director of Youth Personnel*, Leland Lessia, 44 East Sixth St., St. Paul.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VIII:** *Supervisor*, Mrs. H. Winifred Ferguson, Federal Office Bldg., Minneapolis.

**U. S. Army, Seventh Corps Area:** See Nebraska.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, Paul E. Miller; *State Home Demonstration Leader*, Julia O. Newton, Department of Agriculture of the University of Minnesota, University Farm, St. Paul.

**U. S. Navy, Ninth District:** See Illinois.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Dr. Robert W. McEwen, Carleton College, Northfield; Mary Ober, State Teachers College, Duluth; Curtis E. Avery, University of Minnesota, Minneapolis.

**U. S. Public Health Service:** For *Director, District VII*, see Missouri; for *Liaison Officer*, Seventh Army Corps Area, see Nebraska.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Henet L. Kaufman, 1885 University Avenue, St. Paul.

**State Board of Health, St. Paul.**—Minnesota has had a long and thorough experience in the control and prevention of venereal diseases since syphilis and gonorrhea were first made reportable in 1918. Free laboratory service is made available and free drugs are distributed to physicians; follow-up, epidemiological investigation and stimulation of case reporting are part of the program; and education of the lay public is carried on by means of lectures, films, exhibits and literature. The Department cooperates with other official and voluntary agencies interested in venereal disease control. (For a fuller report, see 1938 Year Book.)

The Department has cooperated with the University of Minnesota in making an outstanding study of prevalence of syphilis among college and university students, which was found to be less than 0.3 per cent.

Minnesota pioneered in the field of cooperation with military authorities, in prevention of venereal disease and repression of prostitution by health and law enforcement agencies during the maneuvers held there in the summer of 1940. A conference called by Governor Stassen, and attended nearly 100 per cent by the health and law enforcement authorities of the maneuver area, in addition to representatives of the military, the U. S. Public Health Service and State authorities (Health, Liquor Control, Attorney General, Criminal Apprehension, Highway) prepared a careful program before the maneuvers. A survey made by the American Social Hygiene Association was presented as background. The results, although they could not be conclusive because of the subsequent demobilization of the National Guard troops to civilian status, demonstrated what can be done with careful advance planning to prevent the spread of infection.

A.S.H.A. visitors to Minneapolis and St. Paul in recent months have included Dr. Storey and Miss Shenehon.

## MISSISSIPPI

*Population*  
*Urban* 432,882  
*Rural* 1,750,914  


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 2,183,796

*Population rank among states* 23  
*A.S.H.A. members in state* 32

## Social Hygiene Societies and Committees

**Jackson:**

**Mississippi Social Hygiene Association:** *Secretary*, Ray E. Baird, Room 225, Lampton Bldg.

**Hinds County Social Hygiene Association:** *Secretary-Treasurer*, Ray E. Baird, Room 225, Lampton Bldg.  
**Meridian: Lauderdale County Social Hygiene Association:** *Chairman*, N. C. Knight, M.D.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Robert D. Morrow, Box 688, Jackson.  
**Civitan International:** *Lt. Governor*, Alabama-Mississippi District, Dan T. Ketchum, Box 730, Jackson.  
**Kiwanis International:\***  
**Lions International:\***  
**Mississippi Conference of Social Work:** *Executive Secretary*, Mrs. Robbie W. Patterson, 1001 Poplar Blvd., Jackson.  
**Mississippi Congress of Parents and Teachers:** *President*, Mrs. C. C. Clark, Columbia; *Social Hygiene Chairman*, Mrs. W. H. Radliff, Sherard.  
**Mississippi Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. J. D. Lord, State College.  
**Mississippi Junior Chamber of Commerce:** *President*, Tom Lyle Mitchell, 13th Floor, Threefoot Bldg., Meridian.  
**Mississippi Nurses Association:** *Secretary*, Ruth Steen, Delta State Teachers College, Cleveland; *Chairman*, Public Health Nursing Section, Mrs. Nettie Veazey Turner, Itta Bena.  
**Mississippi State Medical Association:** *President*, H. Lowry Rush, M.D., Clarksdale; *Secretary*, T. M. Dye, M.D., Box 295, Clarksdale.  
**Mississippi Tuberculosis Association:** *Executive Secretary*, Logan H. McLean, Sanatorium.  
**Mississippi Woman's Christian Temperance Union:** *President*, Miss Susie V. Powell, 1119 N. State St., Jackson.  
**Rotary International:\***  
**United Service Organizations, Region VII:** See Georgia.

### Official Agencies

**Mississippi State Department of Education:** *Superintendent of Education*, J. S. Vandiver, Jackson; *Agent of Negro Schools*, Percy Easom.  
**Mississippi Civilian Defense Council:** *Director*, Col. Fred C. Morgan, Fourth floor, State Capitol, Jackson.  
**Mississippi State Board of Health:** *Executive Officer*, F. J. Underwood, M.D., Jackson; *Supervisor, Venereal Disease Control*, D. V. Galloway, M.D.

### Clinics or Cooperating Clinicians at:

Abbeville, Aberdeen, Alligator, Amory, Anguilla, Arcola, Artesia, Ashland, Baldwin, Bassfield, Batesville, Bay Springs, Belmont, Belzoni, Benton, Bentonia, Booneville, Brandon, Brookhaven, Brookville, Caledonia, Camden, Canton, Cary, Catchings, Charleston, Clarksdale (2), Cleveland, Coldwater, Collins, Collinsville, Columbia, Columbus, Como, Corinth, Crawford, Crenshaw, Cruger, Deeson, Dekalb, Doddsville, Drew, Dubbs, Dublin, Dundee, Ebenezer, Edwards, Ellisville, Evansville, Fittler, Flora, Four Mile, Friars Point, Georgetown, Glen Allen, Glendora, Gloster, Grace, Greenville, Greenwood, Gunnison, Hattiesburg, Hazelhurst, Heidelberg, Hernando, Hollandale, Holly Bluff, Holly Springs, Hushpuckena, Indianola, Inverness, Isola, Itta Bena, Iuka, Jackson, Jonestown, Lake Cormorant, Lauderdale, Lural, Leakesville, Leland, Liberty, Lombardy, Louise, Lucedale, Lula, McComb, Macon, Madison, Magee, Magnolia, Marianna, Mayersville, Mendenhall, Merigold, Midway, Mileston, Millard, Minter City, Money, Monticello, Moorhead, Mt. Olive, Mt. Pleasant, Myrtle, Naatchez, Nettleton, New Albany, New Augusta, New Hebron, Nitta Yuma, Olive Branch, Osyka, Oxford, Pace, Paulette, Picayune, Pinola, Plantersville, Poplarville, Port Gibson, Prentiss, Quitman, Raleigh, Ripley, Robinsonville, Rolling Fork, Rome, Rosedale, Roundaway, Ruleville, Sardis, Satartia, Scooba, Scott, Senatobia, Shannon, Shaw, Shelby, Shellmound, Sherard, Shubuta, Shuqualak, Silver City, Skeene, Sumner, Sunflower, Taylor, Taylorsville, Tehula, Thornton, Thyatira, Tunica, Tupelo, Vicksburg, Walls, Waynesboro, Wesson, Wiggins, Yazoo City.

**Mississippi State Department of Public Welfare:** *State Commissioner*, W. F. Bond, P. O. Box 1970, Jackson.

\* See page 239 for national headquarters.

National Youth Administration, Region VII: See Georgia.

Social Protection Section, Office of Defense Health and Welfare Services, Region VII: See Alabama.

U. S. Department of Agriculture, Extension Service: *State Extension Director*, L. I. Jones; *State Home Demonstration Leader*, Ella May Creswell, Mississippi State College, State College.

U. S. Army, Fourth Corps Area: See Georgia.

U. S. Department of Agriculture, Extension Service: *State Extension Director*, J. W. Burch; *State Home Demonstration Leader*, Amy Kelly, College of Agriculture, University of Missouri, Columbia.

U. S. Navy, Eighth District: See Louisiana.

U. S. Office of Education, Civilian Morale Service: To receive material for *War Information Centers*: Robert L. Jack, Alcorn Agricultural and Mechanical College, Alcorn; Edith McIntosh, Millsaps College, Jackson; Major I. D. Sessums, Mississippi State College, State College; Whitman Davis, University of Mississippi, University.

U. S. Public Health Service: For *Director*, District IV, see Louisiana; for *Liaison Officer*, Fourth Army Corps Area, see Georgia. *State Venereal Disease Control Consultant*, P. A. Surgeon Paul T. Erickson, State Board of Health, Jackson.

Work Projects Administration: *State Director of Community Service Program*, Ethel Payne, 18th Floor, Tower Bldg., Jackson.

**Jackson: Mississippi Social Hygiene Association and Mississippi State Board of Health.**—"During the past two years, the Association has been moderately active. Public interest proved to be difficult to keep alive without definite public education. Income and funds available to the M.S.H.A. reached a low point which reduced activity considerably. For a part of the time NYA office assistance was obtainable, but recently such assistance was removed and the office has been cared for altogether by voluntary efforts.

Since the government has built several army camps and air bases in Mississippi the need for public education and social hygiene has become more important. In the past year, the Mississippi State Board of Health has been a great blessing to the state since it has been particularly strong and active in its efforts to meet the needs and the challenge that became much more important and definite upon the arrival of 50,000 to 75,000 soldiers and officers in the state.

Army camps and air base officers recently appealed to the various state officers, beginning with the governor and including the State Health Department which has been directed by Dr. Felix J. Underwood, State Health Officer for a number of years, for help in their effort to hold down venereal disease infection in the army and air corps enrollment. Dr. Underwood and his entire staff immediately put forth every special effort to help. The State Health Department for many years has been active in a definite campaign to reduce and eliminate venereal disease infection. Their particular effort was toward establishing venereal disease clinics in all of the 82 counties of the state which objective was recently accomplished. There are now in operation 130 venereal disease clinics, treatments are now 20,000 weekly. The build-up in number of clinics has been steady and somewhat gradual, with the more densely populated counties receiving the most attention.

The next great objective was to secure better legislation and it is good news that we can add to this report that badly needed legislation was presented and approved by the recent session of the Mississippi Legislature through the adoption of four bills, three from the Senate and one from the House:

Senate Bill No. 220 provides for law enforcement and the prohibiting of prostitution. It makes prostitution a misdemeanor, and provides for county officials and others, ways and means of using legal force to control and eliminate undesirable activities. This law will be one of the greatest helps to those who are responsible for regulating and controlling undesirable conditions.

The three other laws, provide for appropriations and other permits which will make it possible for Health Department Officials and law enforcement officials to give assistance to prostitutes who can be rehabilitated and brought back to normal. The interest and efforts being made in this humane undertaking is very complimentary to the state officials, Department of Health, directors of institutions and others. The legislation also gives definite encouragement to the voluntary social workers and leaders throughout the state. Progress and results from their efforts are expected.

Mississippi has not yet adopted legislation providing for premarital or prenatal examinations for syphilis. A bill requiring prenatal examinations was defeated recently.

Meanwhile, the educational program goes forward so far as possible. Newspapers help when asked, the attitude of Radio Stations WJDX and WSLI is good toward social hygiene talks, and colleges, womens clubs, parent-teacher groups and churches are all interested (including colored groups) and will cooperate in following reliable leadership. Interest is keen in education for marriage and family life, and there is hope of organized leadership on a larger basis soon. Progress, in spite of handicaps, is really quite noticeable."

Mississippi is one of the states which requested aid from the A.S.H.A. during the past year in drafting new legislation (see above) and other aspects of the program. Mr. Gould spent some time on the ground assisting with the legislative efforts, and Miss McGrath visited Meridian, Hattiesburg, and Louisiana to discuss industrial problems.

Sixth National Social Hygiene Day was celebrated by meetings at a number of points, including Belzoni, Jackson and Indianola.

## MISSOURI

### Population

Urban 1,960,696  
Rural 1,823,968

3,784,664

Population rank among states 10  
A.S.H.A. members in state 133

### Social Hygiene Societies and Committees

#### Kansas City:

Kansas City Social Hygiene Society: *Executive Secretary*, Mrs. F. H. Ream, 1020 McGee Street.

The Social Improvement League: *Secretary*, Nat Spencer, 519 Ridge Bldg.

#### St. Louis:

Missouri Social Hygiene Council: *Chairman*, Rev. Alphonse Schwitalla, 1042 S. Grand Blvd.

St. Louis Committee on Social Hygiene Day: *Honorary Chairman*, Mayor Bernard F. Dickmann; *Chairman*, Harriet S. Cory, M.D.

Missouri Social Hygiene Association: *Executive Director*, Harriet S. Cory, M.D., 3713 Washington, Blvd.

### Other Voluntary Agencies

American Legion: *Department Adjutant*, Jerry F. Duggan, 3709 Broadway, Kansas City.

Civitan International: *Lt. Governor*, Central District, J. C. Farrism, 315 N. 12th Blvd., St. Louis.

Kiwanis International:\*

Lions International:\*

Missouri Association for Social Welfare: *Executive Secretary*, Helen A. Brown, Brown Hall, Washington University, St. Louis.

\* See page 239 for national headquarters.

- Missouri Congress of Parents and Teachers:** *President*, Mrs. True Davis, 516 Corby Bldg., St. Joseph; *Social Hygiene Chairman*, Mrs. Herman Engle, 1011 N. Main Avenue, Springfield.
- Missouri Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. J. Frederick Leslie, 1318 Benton Avenue, Springfield.
- Missouri Junior Chamber of Commerce:** *President*, Robert L. Musser, 811 Cherry Street, Columbia.
- Missouri Nurses Association:** *Executive Secretary*, Mary E. Stebbins, 1512 Waldheim Bldg., Kansas City; *Chairman*, Public Health Nursing Section, A. Mary Ross, 3408 Kenwood, Kansas City.
- Missouri State Junior Chamber of Commerce, Public Health Committee:** *Chairman*, William L. Weiss, 511 Locust Street, St. Louis.
- Missouri State Medical Association:** *President*, H. L. Kerr, M.D., Crane; *Secretary*, E. H. Bartelsmeyer, M.D., 634 N. Grand, St. Louis.
- Missouri State Teachers Association:** *State Superintendent of Public Schools*, Lloyd W. King, Jefferson City.
- Missouri Tuberculosis Association, Inc.:** *Executive Secretary*, Donald E. Pratt, 411 North 10th Street, St. Louis.
- Missouri Woman's Christian Temperance Union:** *Headquarters*, 300 McDaniel Bldg., Springfield. *In charge and President*, Mrs. Nelle G. Burger.
- Rotary International:\***
- United Service Organizations, Regions IX and XI:** *Executive*, W. Noel Hudson, Room 818, 1102 Grand Avenue, Kansas City.

### Official Agencies

- Missouri State Board of Health:** *State Health Commissioner*, James Stewart, M.D.; *Director, Venereal Disease Control*, John W. Williams, M.D., Jefferson City.

### Clinics or Cooperating Clinicians at:

- Aurora, Ava, Butler, Cameron, Canton, Cape Girardeau, Carthage, Caruthville, Cassville, Charleston, Clayton, Clinton, DeSoto, Dexter, Doniphan, East Prairie, Eldon, Fayette, Fredericktown, Fulton, Hannibal, Harrisonville, Higginsville, Houston, Independence, Jefferson City, Joplin, Kansas City (9), Kennett, Koch, Lebanon, Little Blue, Louisiana, Malden, Marceline, Mexico, Moberly, Monette, Mt. Level, Mt. Vernon, Neosho, New Madrid, Osceola, Owensville, Palmyra, Platte City, Pleasant Hill, Poplar Bluff, Portageville, Richmond, Rolla, St. Joseph, St. Louis (12), Salem, Sedalia, Sikeston, Springfield, Steelville, Thompson's Bend, Trenton, Tuscumbia, Warrensburg, Warsaw, Washington, Waynesville, Webb City, Wolf Island, Wyatt.
- Missouri State Council of Defense:** *Administrator*, Hugh Stephens, State Office Bldg., Jefferson City.
- Missouri State Department of Education:** *Superintendent of Public Schools*, Lloyd W. King, Jefferson City; *Supervisor of Education*, Thelma Suggett; *Supervisor of Negro Education*, R. L. Wiggins.
- National Youth Administration, Region IX:** See Kansas.
- Social Protection Section, Office of Defense Health and Welfare Services, Region IX:** *Supervisor*, Paul D. Jones; *Representatives*, Melba M. Foltz, Charles L. Leopold, 1006 Grand Avenue, Kansas City.
- State Industrial Commission:** *Chairman*, Thomas N. Dysart, 511 Locust Street, St. Louis.
- State Social Security Commission of Missouri:** *Administrator*, George I. Haworth, Jefferson City.
- U. S. Army, Seventh Corps Area:** See Nebraska.
- U. S. Navy, Ninth District:** See Illinois.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Bertha Ferguson, Kansas City Junior College; Mary L. McAfee, Lincoln University, Jefferson City; Rev. Wilfred M. Mallon, St. Louis University; Dr. W. O. Cralle, Southwest Missouri State Teachers College, Springfield; Benjamin E. Powell, University of Missouri, Columbia.
- U. S. Public Health Service:** *Director*, District VII, Senior Surgeon C. C. Applewhite; *District Venereal Disease Control Consultant*, P. A. Surgeon Leroy E. Burney, Room 601, Businessmen's Assurance Company, 215 West Pershing

\* See page 239 for national headquarters.



Road, Kansas City. For *Liaison Officer*, Seventh Army Corps Area, see Nebraska. *State Venereal Disease Control Consultants*, P. A. Surgeon Edgar B. Johnwick, State Health Dept., Jefferson City; P. A. Surgeon Theodore J. Bauer, City Health Dept., Kansas City; P. A. Surgeon Rolla R. Wolcott, City Dept., of Health, St. Louis.

**Work Projects Administration:** *State Director of Community Service Program*, Lena B. Small, 417 Bolivar Street, Jefferson City.

### Missouri State Board of Health, Jefferson City.—A report says:

**Medical and Public Health Measures:** Facilities for finding and treating cases of syphilis and gonorrhea are gradually being increased in several ways: New clinics are being added and existing clinics are being renovated, made more presentable and expanded to accommodate a larger case load. The need for clinics exceeds what we can offer at present and our program is usually limited by the lack of local and state funds. Public support of our program is excellent except in a few isolated instances where medical groups and county courts feel that the free services offered by the State invade the activities of private practitioners. State and local pharmaceutical societies are cooperating in the campaign against quackery and a recent letter from the American Pharmaceutical Association indicates that further cooperation is expected.

The war effort has helped us to expand our case finding facilities in two very important ways:

a. The Selective Service examinations have afforded us a rich source of previously unknown cases and in order to make certain that all cases discovered in this fashion be eventually brought to treatment the Medical Director of the Selective Service System has recently issued a memorandum to all clerks concerning the reporting of all reportable diseases.

b. The Station Hospital and the Office of the Post Surgeon at a nearby camp have been particularly helpful in submitting to this office all information obtained concerning contacts from infected cases being treated at the Fort. This material is submitted to this office and distributed to the proper case finding agencies. During the month of January fifty per cent of all identified contacts were found. Another useful service rendered by the Army consists of a summary of the places where soldiers have had sexual intercourse. This data is collected by the men operating the prophylactic stations and does not involve naming any persons and serves as a method of discovering the location of prostitution activities.

**Health Education and Public Information:** The press has been very cooperative with this department in publishing material concerning prostitution and venereal disease control. There have been a few instances where local authorities felt that the State was transgressing on their rights by suggesting that repressive efforts were not completely carried out. The Division of Public Health Education of the State Board of Health distributes posters on venereal disease control to interested parties. We have received several prints of the new Public Health Service film *Know for Sure*, which we believe is going to be very useful in teaching young men. We intend to make it available to such groups as military organizations, colleges and schools, young men's clubs such as the Y.M.C.A., and the prisons and correctional institutions of the State. Another recent acquisition is the film *Syphilis* which is being used at various medical meetings to promote interest in the treatment of syphilis among the practitioners of the State. The material in the film is supplemented by publications dealing with the treatment and diagnosis of syphilis.

**Legal and Protective Measures:** Shortly following the receipt of letters from the Secretaries of War and Navy Governor Forrest C. Donnell called a meeting in his office for the purpose of outlining definite steps which would result in more forceful application of present statutes, regulations and ordinances directly or indirectly affecting prostitution. A *modus operandi* for enforcement of such laws is being worked out at present and will be offered to the peace officers of the State. There are no facilities for the rehabilitation of women

and girls who have been engaged in prostitution which are under the control of the State Board of Health. Today (April 15) we secured a 25-bed hospital in Monett, Missouri, which will be used as an isolation unit in treating venereally infected prostitutes.

*National Defense and War Activities:* There are many industrial plants engaged in the production of war material in Missouri. Most of them are concentrated around St. Louis and Kansas City. The St. Louis Health Department has been recently very active in the promulgation of a program for the promotion of venereal disease control in industry."

**The Kansas City Social Hygiene Society** has just completed twenty years of service. From the first the society has embraced the American "four-fold" program, adopting—as the years passed and new needs appeared—an elastic interpretation. Sections were created with chairmen and co-chairmen who were also vice-presidents and shared responsibilities with other officers, as members of the Board or Executive Committee

The Church Cooperation Section maintains definite contact with the Council of Churches, participating in the radio broadcasts and with the several hundred individual pastors and churches. . . . The Youth Section stands for ready counsel and direction, carries on short courses in *Preparation for Marriage*, premarital consultations with professional medical assistance and has a library for moderns. This section is committed to the principle that its function is to furnish materials and leadership only at the request of individuals and groups wishing to make use of it. . . . The Public Health Section cooperates with the Venereal Disease Division of the local Health Department and Medical Society, its members serve in many capacities in the national defense program—furnishes instructors for classes in Health Education for volunteers in Civilian Defense Service. Other classes to be conducted from this office include:

*Training Course for Development of Leaders in Parenthood and the Character Training of Children. . . . Youth Leadership in Social Hygiene. . . . Visual Education* (Training to be in operating Movie Projectors and slide machines and to conduct Social Hygiene Exhibits). . . . The Negro Section is carrying a strong educational health program, using *For All Our Sakes, Enemy of Youth, Plain Facts, In Defense of the Nation*, and health literature.

The Legal and Protective Section has been keenly alive and following through in keeping Kansas City free from public solicitation—bringing before legal bodies facts concerning violation of laws and ordinances governing prostitution. The Society's Executive Secretary is a member of the Kansas City Women Volunteers, Inc., for National Defense which promoted, established and maintains the Service Men's Club and Recreation Center at 15 Pershing Road.

The general situation as regards social hygiene in Kansas City is encouraging. As indicated elsewhere, the Department of Health has been able to increase its facilities greatly. . . . A cooperative police department enables better prostitution conditions and facilities for rehabilitation of women and girls formerly engaged in prostitution include medical care and vocational training at the Women's Reformatory, and through the Pardon and Parole Section of the Department of Welfare's probation service. . . . Church, and family welfare groups cooperate regularly in public education and special instruction regarding sex hygiene, and training for human relations, including consultation services and case work, institutes and much personal service. Newspapers, radio stations (KMBC, WDAF, KCMO, and KITE) public library (including 15 sub-stations) and the Society's Speaker's Bureau, are active in public information. All groups are alert to the possibilities of improving child and maternal health through active observance of the new prenatal examination law.

As of January, 1942, 60 Kansas City firms have government contracts ranging from syrup to wire rope. Three large war industrial plants are nearby, and at

least one of them carries through the entire program of medical examination for venereal disease, education, etc., in cooperation with the Industrial Health unit of the Health Section of the City Defense Council. The USO Recreational Centers, an Information Bureau of Union Station, and correlated activities of church groups and community organizations, plus prompt action against organized vice, aid in keeping Kansas City safe for visiting service men.

The Society is a member of the Council of Social Agencies and participates in the Community Fund.

**Kansas City Health Department.**—In August, 1941, the Department augmented its health program by the employment of a full-time venereal disease control officer. Venereal Disease Control in the City Health Department now includes the following activities:

1. Isolation of infectious patients.
2. Finding individuals infected with venereal disease by the examination of personal contacts of infected patients and by routine blood-test examinations.
3. Returning of delinquent patients to treatment.
4. Cooperation with private physicians.
5. Treatment of infected patients unable to pay for services of a private physician.
6. Education of the lay public concerning the dangers of venereal diseases.
7. Cooperation with the other agencies interested in this great problem.

The staff in addition to the Director, consists of one full-time physician, and four part-time physicians, and five public health nurses who are especially trained in the technique of interview and follow-up of venereal disease cases. These individuals devote their entire time to the above activities.

The Department's nurses, with cooperation of Public School Nurses and Visiting Nurses sponsored a Venereal Disease Institute for nursing in April, conducted by Miss Donna Pearce, U.S.P.H.S., Public Health Nursing Consultant.

**Kansas City: Social Improvement League.**—(For a Better Kansas City.) "For the greater part of the 28 years of our League, we have been with unfriendly police and county administrations. But with the overthrow of machine politics and with the vigorous police administrations of former Chief L. B. Reed and his worthy successor, Chief Harold Anderson, Kansas City has undergone an 'inconceivable' change. A recent follow-up survey indicates that prostitution is quite 'inaccessible.' It is only after diligent search that persons in search of prostitutes may encounter them."

Prostitution may not be eliminated, but it can be held in check. The control of prostitution is an all time job. Vigilance is not only the price of liberty; it is the price of a clean city.

We cooperate with the police by referring them to the unwholesome spots located by the recent survey, as above stated. The police are putting the lid on tighter. It is a pleasure to work with the police force we now have.

However, this follow-up survey pointed out opportunities for improvement. It specifically located unwholesome places, some of which were patronized by visiting soldiers. All of these reports have been gone over by Chief Anderson and the vice squad with the secretary of the League. Of course, many of the objectionable places noted in the survey were already known to the police and were receiving their attention; but it must be realized that raids and arrests unsupported by evidence make little impression in court and do not add to the prestige of the police.

Occasional surveys by competent authority with reports to the cooperating police are among the League's best methods of combating vice. They quite well determine the efficiency of the means used for the suppression of vice. They

are helpful to the police in pointing out spots that need their attention; they encourage the police to their best efforts. The Director of Welfare is also effectively using the survey reports in suppressing improper dancing at improper places.

**St. Louis: Missouri Social Hygiene Association.**—"1941 was a year of pressure, accomplishment and added responsibility for our Association. It began with an all-out effort to make a success of the Regional Conference for National Social Hygiene Day, February 5th—a Conference of 13 states which presented to the public at a morning, luncheon and afternoon session, *Social Hygiene and National Defense*. Approximate attendance for the three meetings was 1,100.

Attention was next focused upon steering the *Baby Health Bill* through many vicissitudes in Jefferson City. The passage of this Bill, upon which the Association had been working for two years, was a great accomplishment for the health of the State, and the educational campaign regarding prenatal syphilis and social hygiene in general, preceding the meeting of the legislature, was an outstanding example of state public health education.

Other recent legislation included: January 26, 1939, Venereal Disease Ordinance passed by the St. Louis Board of Aldermen, giving the city an up-to-date set-up for prevention and control. October 25, 1939, Amendments to the Regulations for Prevention and Control of Communicable Diseases, to tighten up and make more effective state control of syphilis and gonorrhea.

Meantime the national defense program was getting under way and our Association was asked to assume the local social protection program under the Federal Security Agency. Then the outbreak of war and more obligations came to us, especially since St. Louis is in one of the largest defense areas of the State. Because social protection has always been important in the general social hygiene program, we were delegated to take leadership of this committee for the Office of Civilian Defense under the Health and Welfare Committee of the Social Planning Council of St. Louis and St. Louis County. Mrs. Ira L. Bretzfelder was made Chairman, Dr. Cory, secretary, and Mrs. Damon Kerby was taken on for half-time, at the expense of the Missouri Social Hygiene Association, as organizer for the Committee. The Committee will work under four sub-committees as follows: (1) Committee on Police Protection; (2) Conditions of Employment; (3) Detention and Social Treatment; (4) Public Interpretation. Considerable work in the way of organization, investigation and publicity has already been done. This offers an opportunity which will call for all of the ingenuity and constructive thinking which the Association can muster. It is no less than the effort to make the citizens of St. Louis and St. Louis County acutely conscious of social and human values and to get them to assume a program about which they have talked and planned to some extent, but have never pursued to successful accomplishment. Especially the practical value of protection and rehabilitation of young women and girls must be made clear and pressing to all our citizens—they must know that it is a practical measure of defense, and has been so designated by our Government.

On August 29th, 1941, a program of Venereal Disease Education for industry workers in the St. Louis Defense Area was begun by sending a letter to the executives of 700 industries. A radio program, with Dr. Rogers Deakin and Mrs. M. C. Emanuel, Chairman of Organization for the program, followed. Since then, management, personnel officers and heads of the labor organizations have shown unusual interest and cooperation. Over 15,000 pamphlets, issued by the U.S.P.H.S. and the A.S.H.A., have been purchased and delivered to companies ordering them. Approximately 125 firms have been reached directly either by conference or by telephone, and very few have definitely refused to cooperate. Talks by members of the Speakers' Bureau have been held before at least 1,000

employees and U. S. Public Health Posters are being displayed in several large factories.

During the year the M.S.H.A. and the St. Louis Council of Parents and Teachers enlisted public opinion and support in favor of lectures on social hygiene in the last two years of high school and a course on *Principles of Social Hygiene Education* in both teacher training institutions. The Board of Education voted 10-2 in favor of this at its meeting on December 9th, 1941. It then reconsidered because it wished further information and we are expecting at an early date to present the subject at a meeting of the Board devoted to it alone, and hope for favorable action.

National Social Hygiene Day in 1942 was observed as our annual meeting at the First Unitarian Church. The following very successful panel discussion was the main feature of the program:

*The Importance of Social Hygiene in National Defense: Venereal Disease Control Among Industrial Workers, Social Hygiene Instruction in the Public Schools, Social Protection of Youth in the St. Louis Defense Area.*

April 1, 1942, Dr. Cory was asked to attend a meeting in Governor Donnell's office, composed of representatives of the St. Louis and Kansas City Police Departments, the State Prosecuting Attorneys' Association, the State Peace Officers' Association, the Missouri Social Hygiene Association, the League of Municipalities, the Highway Patrol, the Health Commissioner and his staff, to work out plans for state-wide law enforcement and venereal disease control.

These are high-lights of a year's effort, reflected from a community program in which our public health department is doing excellent work in finding and treating syphilis and gonorrhea, our newspapers are wholeheartedly cooperating with many good editorials and news stories, and our radio stations, WIL, KXOK, KMOX, KSD, may be counted on to help. Weekly, monthly, bi-monthly trade journals, scientific publications, church bulletins, service clubs and women's club leaflets and bulletins also publish social hygiene items. Our church and family welfare groups, always interested, are developing much more active participation."

**St. Louis: Missouri Social Hygiene Council.**—This group, established some years ago, exists for interchange of information among Missouri social hygiene groups, conference as to matters requiring policy decisions, and to foster the setting up of new community groups.

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**Missouri** is another stronghold for social hygiene which has consistently maintained a progressive program and cooperative activities with the national association through many years. The Midwest Regional Conference held at St. Louis on Fifth National Social Hygiene Day, as above described, was one of the highlights of the year's work as seen from the national viewpoint. As this is written, plans are on foot for a special community meeting to be held in October in connection with the annual convention of the American Public Health Association. Recent A.S.H.A. visitors to Missouri have been Miss Pinney, Miss Shenehon, Mr. Johnson.

## MONTANA

Population  
 Urban 211,535  
 Rural 347,921  


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 559,456

Population rank among states 40  
 A.S.H.A. members in state 20

## Social Hygiene Societies and Committees

None.

## Other Voluntary Agencies

American Legion: *Department Adjutant*, Herbert Kibler, Box 1702, Helena.  
 Kiwanis International:\*  
 Lions International:\*  
 Medical Association of Montana: *President*, William E. Long, M.D., Anaconda;  
*Secretary*, Thomas F. Walker, M.D., Medical Arts Bldg., Great Falls.  
 Montana Conference of Social Work: *President*, Edwin G. Peterson, Montana  
 School for the Deaf and Blind, Great Falls; *Executive Secretary*, Adeline  
 Brandt, Parkdale, Great Falls.  
 Montana Congress of Parents and Teachers: *President*, Mrs. R. H. Jesse, 610  
 University Avenue, Missoula.  
 Montana Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. Hen-  
 rietta Crockett, Tuberculosis Association, Capitol Bldg., Helena.  
 Montana Junior Chamber of Commerce: *President*, George Graham, 2824 4th  
 Avenue North, Great Falls.  
 Montana Nurses Association: *Secretary*, Sister M. Germaine, Sacred Heart Hos-  
 pital, Havre; *Secretary*, State Organization for Public Health Nursing, Vir-  
 ginia Geigerm, Fergus County Department of Public Welfare, Lewistown.  
 Montana Tuberculosis Association: *Executive Secretary*, Mrs. Henrietta Crockett,  
 State Capitol, Helena.  
 Montana Woman's Christian Temperance Union: *President*, Mrs. Emory B.  
 Pease, Glasgow.  
 Rotary International:\*  
 United Service Organizations, Region XI: See Missouri.

## Official Agencies

Montana State Board of Health: *Health Officer*, W. F. Cogswell, M.D., Helena;  
*Director*, Division of Epidemiology, B. K. Kilbourne.

## Clinics or Cooperating Clinicians at:

Bozeman, Great Falls.

In addition to clinics listed, the addresses of physicians giving treatments for  
 venereal diseases under the state plan may be obtained from state, county and  
 municipal officers.

Montana Preparedness and Advisory Commission: *Coordinator*, Tom D. Cal-  
 verly, Helena.  
 Montana State Department of Education: *Superintendent of Public Instruction*,  
 Elizabeth Ireland, Helena.  
 Montana State Department of Public Welfare: *Administrator*, I. M. Branjord,  
 Helena.  
 National Youth Administration, Region XI: See Colorado.  
 Social Protection Section, Office of Defense Health and Welfare Services,  
 Region XI: See Colorado.  
 U. S. Army, Ninth Corps Area: See Utah.  
 U. S. Department of Agriculture, Extension Service: *State Extension Director*,  
 J. C. Taylor; *State Home Demonstration Leader*, Frances Smith, Montana  
 State College of Agriculture and Mechanic Arts, Bozeman.

\* See page 239 for national headquarters.

**U. S. Public Health Service:** For *Director*, District VIII, see Colorado; For *Liaison Officer*, Ninth Army Corps Area, see Utah.

**U. S. Navy, Thirteenth District:** See Washington.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*: Kathleen Campbell, Montana State University, Missoula.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Mabel Laraway, Butte.

**State Board of Health, Helena.**—The venereal disease program in Montana consists largely of educational work and the supplying of necessary drugs to private physicians for treatment. Approximately one-half of the practicing physicians in the state have requested drugs for treatment during the year 1941. The Board of Health has also cooperated with the military authorities in the war emergency, particularly in the Selective Service examinations.

## NEBRASKA

### Population

Urban 514,148  
Rural 801,686

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1,315,834

Population rank among states 32  
A.S.H.A. members in state 26

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, R. C. Patterson, State Capitol, Lincoln.

**Kiwanis International:**\*

**Lions International:**\*

**Nebraska Congress of Parents and Teachers:** *President*, Mrs. Mark Pierce, 1211 Garfield Street, Lincoln; *Social Hygiene Chairman*, William H. Thompson, M.D., University of Omaha, Omaha.

**Nebraska Council of Church Women:** *President*, Mrs. E. S. Wegner, 2416 Sewell Street, Lincoln.

**Nebraska Federation of Women's Clubs:** *Chairman, Public Welfare*, Mrs. S. W. Phillips, David City.

**Nebraska Junior Chamber of Commerce:** *State President*, Tage W. Topp, Hastings.

**Nebraska Nurses Association:** *Executive Secretary*, Halcie M. Boyer, 626 Electric Bldg., Omaha.

**Nebraska State Medical Association:** *President*, Dexter D. King, M.D., York; *Secretary*, R. B. Adams, M.D., 416 Federal Securities Bldg., Lincoln.

**Nebraska State Teachers Association:** *Executive Secretary*, Archer L. Burnham, 605 South 14th Street, Lincoln.

**Nebraska Tuberculosis Association:** *Executive Secretary*, Mrs. Henrietta Crockett, State Capitol, Helena.

**Nebraska Welfare Association:** *Executive Secretary*, Fred C. Williams, Room 3, Chamber of Commerce Annex, Lincoln.

**Nebraska Woman's Christian Temperance Union:** Headquarters, 1615 F Street, Lincoln. *In charge*, Mrs. Lela Dyer; *President*, Mrs. Mary Lee Seibert, 1336 E Street, Lincoln.

\* See page 239 for national headquarters.

Rotary International:\*

Social Protection Section, Office of Defense Health and Welfare Services, Region VIII: See Minnesota.

United Service Organizations, Region VIII: See Illinois.

### Official Agencies

National Youth Administration, Region VIII: See Minnesota.

Nebraska Advisory Defense Committee: *Coordinator*, Walter F. Roberts, State House, Lincoln.

Nebraska State Board of Control: *Chairman*, C. W. Eubank, Lincoln.

Nebraska State Department of Education: *Superintendent of Public Schools*, Charles W. Taylor, Lincoln; *Acting Director, Physical Education*, W. A. Rosene.

Nebraska State Department of Health: *State Director of Health*, Philip H. Bartholomew, M.D., Lincoln; *Director, Division of Venereal Disease Control*, James P. Sharon, M.D.

### Clinics or Cooperating Clinicians at: Lincoln, Omaha (4).

U. S. Army, Seventh Corps Area: Headquarters, New Federal Bldg., 15th and Dodge Streets, Omaha. *Venereal Disease Control Officer*, Major James H. Gordon, MC.

U. S. Department of Agriculture, Extension Service: *State Extension Director*, W. H. Brokaw; *State Home Demonstration Leader*, Mary-Ellen Brown, College of Agriculture, University of Nebraska, Lincoln.

U. S. Navy, Ninth District: See Illinois.

U. S. Office of Education, Civilian Morale Service: To receive material for *War Information Center*: S. A. McCarthy, University of Nebraska, Lincoln.

U. S. Public Health Service: *Liaison Officer*, Seventh Army Corps Area; *Medical Director* Harry J. Warner, New Federal Bldg., 15th and Dodge Streets, Omaha. For *Director*, District VII, see Missouri.

Work Projects Administration: *State Director of Community Service Programs*, Mrs. Pearl Gimple, 900 North 16th Street, Lincoln.

**Nebraska State Health Department, Lincoln.**—The venereal disease films owned by the Department of Health have been used widely in the state for adult groups and for high school groups. A large exhibit of venereal disease material was included in Fair Exhibits; 130,000 saw these exhibits; 13,000 later saw the films from October, 1941, to January, 1942. The Director of the Division of Venereal Disease has given lectures to teacher groups and to medical and nurses' groups. Free distribution of literature on every phase of venereal disease was unusually effective. Over 20,000 copies of free literature were given out during the year.

The *Nebraska Health Almanac*, presenting health topics in popular style, and containing a section on venereal diseases, was widely used. Local radio stations and newspapers cooperate in the campaign against venereal diseases. The Director of Public Health Education and her assistant lecture in the schools regarding training for marriage and parenthood.

A statewide educational program on venereal disease is being organized. The Division of Public Health Education is already doing considerable work with community groups, schools, medical groups and the general public in putting on radio programs, lectures and motion pictures, exhibits at county fairs and in display windows, magazine articles and distribution of literature.

During 1941 a complete revision of the methods of recording, evaluating and epidemiological follow-up of reported cases of venereal disease was made. Records are now kept in such a manner that all information given on the report

\* See page 239 for national headquarters.



forms is readily available and epidemiological follow-up methods were instituted which are quite successful. A system of cooperation with the Selective Service Boards and the military personnel was perfected. All selectees rejected because of venereal disease are followed up with an unusually high percentage of success.

State laws have been revised during the past year making it much simpler to hold and convict prostitutes. The war has made it easier than formerly to get convictions.

There is some educational effort concerning venereal diseases in the way of lectures, movies and distribution of literature in vicinity of Army camps and war industry areas.

**Nebraska Welfare Association, Lincoln.**—*Human Welfare in a War Economy* was the theme of the forty-sixth annual meeting of the Nebraska Welfare Association in Omaha during April, 1942. A session on *Fitness for Freedom*, including consideration of special public health problems, among others, was based on an address, *This Business of Morale*, by a representative of the Office of Defense Health and Welfare Services, Mark A. McCloskey. *The Family in War Time*, another discussion session, followed the address of Miss Charlotte Whitton, past Executive Director of the Canadian Welfare Council, Ottawa, who spoke on *Gearing into Total War*.

## NEVADA

<i>Population</i>	
<i>Urban</i>	43,291
<i>Rural</i>	66,956
	<hr/>
	110,247

<i>Population rank among states</i>	49
<i>A.S.H.A. members in state</i>	14

### Social Hygiene Societies and Committees

**Reno:** Nevada Social Hygiene Association: *Secretary*, Rev. Warren L. Botkin, Y.W.C.A., City Hall, Reno.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, J. E. Martie, University of Nevada, Reno.

**Kiwanis International:**\*

**Lions International:**\*

**Nevada Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Roger Corbett, Winnemucca.

**Nevada Junior Chamber of Commerce:** *President*, Emerson J. Wilson, P. O. Box 884, Reno.

**Nevada Nurses Association:** *Secretary*, Josephine Reeve, 339 W. 1st Street, Reno.

**Nevada State Congress of Parents and Teachers:** *President*, Mrs. C. D. Baker, 325 North 6th Street, Las Vegas; *Social Hygiene Chairman*, Mrs. A. J. Shaver, Box 99, Winnemucca.

**Nevada State Medical Association:** *President*, George R. Magee, M.D., Yerington; *Secretary*, H. J. Brown, M.D., P. O. Box 698, Reno.

**Nevada Tuberculosis Association:** *Executive Secretary*, John Boylan, 36 East Second Street, Reno.

**Nevada Woman's Christian Temperance Union:** *President*, Mrs. Susan Russell, 1270 Sierra Street, Reno.

**Rotary International:**\*

**United Service Organizations, Region XII:** See California.

\* See page 239 for national headquarters.

### Official Agencies

**National Youth Administration, Region XII:** See California.

**Nevada State Council of Defense:** *State Director*, Hugh A. Shamberger, Carson City.

**Nevada State Department of Education:** *Superintendent of Public Instruction*, Mildred Bray, Carson City.

**Nevada State Department of Health:** *Secretary and State Health Officer*, E. E. Hamer, M.D., Carson City; *Director*, Division of Venereal Disease Control, B. H. Caples, M.D., Reno.

#### *Clinics or Cooperating Clinicians at:*

Reno.

**Social Protection Section, Office of Defense Health and Welfare Services, Region XII:** See California.

**State Board of Relief Work Planning and Pension Control:** *Executive Secretary*, Gilbert C. Ross, 303 South Center Street, Reno.

**U. S. Army, Ninth Corps Area:** See Utah.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, C. W. Creel; *State Home Demonstration Leader*, Mrs. Mary S. Buol, College of Agriculture, Reno.

**U. S. Navy, Twelfth District:** See California.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*: Thea Thompson, University of Nevada, Reno.

**U. S. Public Health Service:** For *Director*, District VIII, see Colorado; for *Liaison Officer*, Ninth Army Corps Area, see Utah.

**Work Projects Administration:** See California, Northern Division.

**Nevada State Department of Health, Reno.**—At present our most acute problem from the standpoint of venereal disease control is the rapid increase in our population. The new defense plants, training stations, bombing ranges and air fields are bringing thousands of construction workers and military personnel into Nevada. It is estimated that in and around Reno alone, there will be stationed within the next year thirty-five to forty thousand troops. This naturally means increased activity on our part and a widening of our program.

Local authorities throughout the State have agreed to comply with the requests of the secretaries of the army and navy and General De Witt, Commander of the Fourth Army, relative to the repression of prostitution in Nevada. Houses of prostitution are still operating in some areas but steps are being taken by the passing of ordinances to give the police authority under which to act.\*

In the Selective Service registration of 1940 leaflets dealing with syphilis were given to every registrant throughout the State. With every questionnaire sent out was enclosed the leaflet, *So Long Boys, Take Care of Yourselves*. These same procedures are being followed at the present time.

All selectees with positive blood tests are urged to have a second blood test and physical examination. If syphilis then be diagnosed treatment will be given, in the case of those unable to pay, by any physician of the selectee's choice. Moderate fees are paid these physicians by the Division of Venereal Disease Control and drugs are furnished free. Physicians are also paid and drugs furnished in the case of indigent civilians. Our present rate of syphilis among the selectees is 3.2 per cent per hundred. The names of all those having positive blood tests are immediately turned over to our public health nurses for

\* Since this report was written word has been received that Reno's "stockade" and other prostitution centers have been officially closed by the law enforcement authorities.

investigation. Selectees are notified of the result of their tests and a further test and physical examination are advised. Under our State law those who are infectious and uncooperative may be quarantined.

In 1941 the prenatal examination bill passed, becoming effective July, 1941. The premarital examination bill was again defeated.

The Reno Venereal Disease Clinic is being moved into the new building of the Washoe County Health Clinic. This is well equipped and centrally located. Both day and evening hours will be held. The new Las Vegas Venereal Disease Clinic will be housed in the Clark County Health Unit Building that is now under construction.

The state-wide project under the U. S. Public Health Service and the WPA, the purpose of which is to assist our present venereal disease program, was submitted to Washington about two weeks ago. This, if finally approved, will, I believe, be of great help to us throughout the State.

We hope to enlarge our educational program, especially at the defense plants that are now under construction in Nevada, not only through the distribution of literature, talks and movies, but also in urging upon the heads of these various plants the necessity for blood tests and treatment where indicated. All this will mean a larger appropriation for the coming year.

You will be glad to know that we are receiving fuller cooperation from the medical profession. Reporting has markedly improved and the provisions of the Prenatal Law are being more and more complied with.

The observance of Social Hygiene Day in 1942 was successfully carried out throughout the State. Meetings were held in every county with an estimated attendance of 3500. Many movies were shown, many talks given and large amounts of literature distributed.

**Nevada Social Hygiene Association, Reno.**—This comparatively new society works closely with the State Department of Health in the state-wide program, and has sponsored a number of meetings and other projects.

A.S.H.A. visitors to the cities of Reno, Carson City, and Stewart during the past year have been Dr. Snow, Dr. Clarke and Miss Shenehon.

## NEW HAMPSHIRE

<i>Population</i>	
Urban	283,225
Rural	208,299
	<hr/>
	491,524

<i>Population rank among states</i>	45
<i>A.S.H.A. members in state</i>	11

### *Social Hygiene Societies and Committees*

**Manchester: Social Hygiene Committee, Manchester Council of Social Agencies:**  
*Executive Secretary, Robert L. Garvey, 967 Elm Street.*

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant, Frank N. Sawyer, State Office Bldg., Concord.*

**Kiwanis International:\***

**Lions International:\***

\* See page 239 for national headquarters.

- New England Council of Federated Church Women:** *President*, Mrs. A. E. Baum, 360 Wibird Street, Portsmouth.
- New Hampshire Conference of Social Work:** *Secretary*, Mrs. Eva A. Reed, State Annex Bldg., Concord.
- New Hampshire Congress of Parents and Teachers:** *President*, Mrs. Benjamin Kendrigan, Newmarket; *Social Hygiene Chairman*, Robert James, Durham.
- New Hampshire Federation of Women's Clubs:** *Chairman Public Health*, Mrs. Josephine Varnum, Greenfield.
- New Hampshire Junior Chamber of Commerce:** *President*, Richard Dexter, Keene.
- New Hampshire Medical Society:** *President*, Timothy F. Rock, M.D., Nashua; *Secretary*, C. R. Metcalf, M.D., 5 S. State Street, Concord.
- New Hampshire Nurses Association:** *Secretary*, Dorothy Health, 8 Copp Street, Nashua; *Chairman*, Public Health Nursing Section, Florence Clark, 32 Church Street, Concord.
- New Hampshire State Teachers Association:** *Executive Secretary*, John W. Condon, Derry.
- New Hampshire Tuberculosis Association:** *Executive Secretary*, Robert B. Kerr, M.D., 456 Beach Street, Manchester.
- New Hampshire Woman's Christian Temperance Union:** *President*, Mrs. Grace M. Hamilton, Wilton.
- Rotary International:\***
- United Service Organizations, Region I:** See Massachusetts.

### Official Agencies

- National Youth Administration, Region I:** See Massachusetts.
- New Hampshire State Board of Health:** *Secretary*, Travis P. Burroughs, M.D., Concord; *Director*, Division of Venereal Disease Control, Alfred L. Frechette, M.D.

### Clinics or Cooperating Clinicians at:

- Berlin, Concord, Dover, Manchester, Nashua, Portsmouth.
- New Hampshire State Council of Defense:** *Executive Secretary*, Noel Wellman, State House, Concord.
- New Hampshire State Department of Education:** *Commissioner of Education*, James N. Pringle; *Supervisor of Health*, Elizabeth M. Murphy, Concord.
- New Hampshire State Department of Public Welfare:** *Commissioner*, Harry O. Page, Concord.
- Social Protection Section, Office of Defense Health and Welfare Services. Region I:** See Massachusetts.
- State Defense Committee on Industrial Cooperation:** *Chairman*, Harry J. Kelley, Laconia.
- U. S. Army, First Corps Area:** See Massachusetts.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. B. Stevens, University of New Hampshire, Durham; *State Home Demonstration Leader*, Daisy D. Williamson.
- U. S. Navy, First District:** See Massachusetts.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, David Jolly, University of New Hampshire, Durham.
- U. S. Public Health Service:** For *Director*, District I, see New York. For *Liaison Officer*, First Army Corps Area, see Massachusetts.
- Work Projects Administration:** *State Director of Community Service Program*, Mary H. Head, Silver and Lincoln Streets, Manchester.

**State Board of Health, Division of Venereal Disease Control, Concord.**—The control of venereal diseases is largely a State centralized program. This division is headed by a full time physician who supervises and administers the program. There are seven part-time physicians employed as clinicians in the six venereal disease clinics operated by the Board. The venereal disease epidemiology is carried out by the public health nurses of the Public Health Nursing Division under the supervision of the director of venereal disease

\* See page 239 for national headquarters.

control. On request, the State Board of Health nurses investigate sources and contacts of either syphilis or gonorrhea patients and request them to report to a private physician for examination. They also do follow-up investigations of delinquents.

The division renders consultative services on request. This is done either through correspondence, by personal visits when indicated, or by having the patients admitted to a hospital for special diagnostic procedures.

A neurological consultant is also employed. He examines late cases of syphilis from the neurological standpoint and consults on neurological problems, both for clinic cases and those of private physicians. He also supervises and administers fever treatment in cases of neurosyphilis, under the hospitalization program. Hospitalization and fever treatments have been provided for many of these patients by this division at both the State Hospital in Concord and the Elliot Hospital in Manchester.

In areas not now served by venereal disease clinics and where the cost of transportation to such a clinic would exceed the cost of treatment locally, the State Board of Health remunerates physicians directly for the treatment of venereal disease patients. The State Board of Health provides all drugs used in the treatment and, when necessary, needles and syringes.

This division is responsible for the administration of the premarital blood test law which requires a blood test on every applicant for marriage, together with a statement by the physician that the applicant is not infected with syphilis or in a stage that may become communicable.

The venereal disease control division has been taking bloods on all applicants for N.Y.A. enrollment in cooperation with the National Youth Administration.

This division has cooperated with the Selective Service System in taking blood tests on draftees, and the necessary equipment has been supplied by the State Board of Health for this project. Follow-up has been done on all positive cases found.

We have received excellent cooperation from the medical officers of the armed forces, both naval and military, in military areas of the State. No increase in the venereal disease rate has been noted. All contacts and sources of infection are reported to us and a trained epidemiologist is sent to the area to interview the patient. All sources and contacts are immediately investigated.

Educational activities have consisted of the distribution of literature, talks by the director of the division, and the showing of the movie, *With These Weapons*.

There has been continued effort to suppress prostitution. Letters have been sent to city health officers calling their attention to the problem of prostitution and asking that all individuals arrested for moral offenses be subjected to an examination for venereal diseases. Police chiefs have been called on and asked to cooperate in this problem. The problem is not very intensive in New Hampshire but all efforts are being made to keep it at a minimum.

#### **Manchester Council of Social Agencies, Social Hygiene Committee.—**

This group has been active in social hygiene education, especially with industrial groups, and has backed up local law enforcement efforts with good results regarding repression of prostitution. For Sixth National Social Hygiene Day, the committee arranged a city-wide educational display through drug-stores and other public places where exhibits could be shown to advantage.

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A.S.H.A. staff visitors to the cities of Concord and Manchester during the past year have been Mr. Gould and Miss Pinney.

## NEW JERSEY

Population  
*Urban* 3,394,773  
*Rural* 765,392  


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 4,160,165

*Population rank among states* 9  
*A.S.H.A. members in state* 215

## Social Hygiene Societies and Committees

**Newark: Social Hygiene Committee, New Jersey Tuberculosis League, Inc.:**  
*Executive Secretary*, Ernest D. Easton, 15 East Kinney St., Newark.

**Camden: Education Committee:** *Chairman*, Mabel G. Lesher, M.D., 331 Penn St.

## Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Roland F. Cowan, Memorial Bldg., Stacy Park, Trenton.

**Kiwanis International:\***

**Lions International:\***

**Medical Society of New Jersey:** *President*, Elias J. Marsh, M.D., Paterson; *Secretary*, Alfred Stahl, M.D., 55 Lincoln Park, Newark.

**New Jersey Congress of Parents and Teachers:** *President*, Mrs. Albert L. Gardner, R.F.D. 1, Perth Amboy; *Social Hygiene Chairman*, Elizabeth Ford Love, M.D., 142 E. Oak Avenue, Moorestown.

**New Jersey Education Association:** William L. Fidler, Audubon; Solomon C. Strong, West Orange.

**New Jersey Federation of Womens Clubs:** Mrs. Clarkson A. Cranmer, Foothill Road, Somerville.

**New Jersey Junior Chamber of Commerce:** *President*, James D. Connell, 84 Washington Street, Hoboken.

**New Jersey Nurses Association:** *Executive Secretary*, Wilkie Hughes, 17 Academy Street, Newark; *Secretary*, State Organization for Public Health Nursing, Dorothy Knowlton, 10 Park Place, Morristown.

**New Jersey State Commission for the Blind:** *Chief Executive Officer*, George F. Meyer, 1060 Broad Street, Newark.

**New Jersey Welfare Council:** *Acting Secretary*, Mrs. Douglas H. MacNeil, 20 Fulton Street, Newark.

**New Jersey Woman's Christian Temperance Union:** *President*, Mrs. Mary Du Bois, R.D., Salem.

**Rotary International:\***

**United Service Organization, Region III:** See New York.

## Official Agencies

**National Youth Administration, Region II.** See Pennsylvania.

**New Jersey Defense Council:** *Director*, Leonard Dreyfuss, 114th Infantry Armory, Trenton.

**New Jersey State Department of Education:** *Commissioner of Education*, Charles H. Elliott, Trenton; *Assistant in Health Education*, Lulu P. Dilworth; *Assistant in Physical Education*, William P. Uhler.

**New Jersey State Department of Health:** *Director of Health*, J. Lynn Mahaffey, M.D., Trenton; *Chief*, Division of Venereal Disease Control, Daniel Bergsma, M.D.

## Clinics or Cooperating Clinicians at:

Asbury Park, Atlantic City, Bayonne, Belvidere, Blairstown, Bloomfield, Boonton, Bordentown, Bound Brook, Branchville, Bridgeton, Burlington, Camden (2), Carteret, Cranbury, Dover, Eatontown, Elizabeth (3), Englewood, Ewing, Franklin, Freehold (2), Hackensack, Hackettstown, Hammonton, Hightstown,

\* See page 239 for national headquarters.

Irvington, Jersey City (3), Kearny, Keyport, Long Branch (2), Madison, Mahwah, Manasquan, Mays Landing, Millville, Montclair, Moorestown, Morristown (2), Mt. Holly, Neptune, Newark (4), New Brunswick (2), New Monmouth, Newton, Northfield, North Wildwood, Nutley, Ogdensburg, Orange, Passaic (3), Paterson (4), Penns Grove, Phillipsburg, Plainfield, Port Norris, Princeton, Red Bank (2), Riverside, Roselle, Salem, Somers Point, Somerville, Sparta, Summit, Sussex, Teaneck, Trenton (2), Vineland, Washington, Weehawken, Woodbine, Woodbury.

**New Jersey State Department of Institutions and Agencies:** *Commissioner*, William J. Ellis, Trenton.

**Social Protection Section, Office of Defense Health and Welfare Services, Region III:** See Pennsylvania.

**U. S. Army, Second Corps Area:** See New York.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, L. A. Bevan; *State Home Demonstration Leader*, Marion Butters, State College of Agriculture and Mechanic Arts of Rutgers University, New Brunswick.

**U. S. Navy, Third District, Northern New Jersey:** See New York; **Southern New Jersey, Fourth District:** See Pennsylvania.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Dr. Henryetta Sperle, New Jersey State Teachers College, Montclair; Julian P. Boyd, Princeton University, Princeton; George Osborne, Rutgers University, New Brunswick.

**U. S. Public Health Service:** *State Venereal Disease Consultant*, P. A. Surgeon Glenn S. Usher, State Department of Health, Trenton. For *Director, District I*, and *Liaison Officer*, Second Army Corps Area, see New York.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Eva H. Reda-Reina, 1060 Broad Street, Newark.

**New Jersey State Defense Council.**—This State Council has an advisory Committee on Health, Welfare and Recreation to assist in the focussing and coordinating of such activities at the state level. In addition the Council has appointed Community Defense Service Councils which are integral parts of the Local Defense Councils and are composed of representative citizens who are recognized as leaders in local official and voluntary agencies, to function as liaison, clearinghouse, promoter and sponsor for many types of services, "particularly for the protection of health and welfare."

**New Jersey State Department of Health, Trenton.**—Activities directly concerned with National Defense are receiving first consideration in the program of the Bureau of Venereal Disease Control of the New Jersey State Department of Health:

Laboratory services have been expanded to do serologic tests for syphilis of all men examined for Selective Service and for the examination of spreads for gonococci at the discretion of the examining physicians.

Positive and doubtful results are followed up by letter, and if indicated, by home visit to make sure that treatment needs are met.

All men found to be infected with syphilis or gonorrhea when examined by the Army Examining Team at pre-induction stations (now in Newark and at Fort Dix) are interviewed before they go home to plan for their medical care and for the examination of contacts.

All men hospitalized at Fort Dix are interviewed for contact information and the information referred to the proper officials for investigation.

Through the voluntary assistance of physicians and nurses, 46,000 men submitted to blood tests on the registration days, February 14, 15, and 16, 1942.

Close cooperation is maintained with the State Police, State Alcoholic Beverage Commission, Local Police, National, State, and Local Welfare and recreational agencies, to reduce prostitution and sexual promiscuity in areas surrounding military encampments.

Ninety clinics provide treatment for persons unable to pay for private care. These clinics receive some assistance in the form of drugs, funds for the payment of physicians, for the services of public health nurses for intensive contact tracing and case holding activities.

Three years' experience with premarital and prenatal laws have proved their value. In 1941 one hundred thousand premarital tests were reported, of which 1.37 per cent were positive. An increasing number of pregnant women are being tested under the provisions of the prenatal law, with a marked increase in the number tested before the fifth month of pregnancy.

Intensive arsenotherapy is being used in at least 20 hospitals in the State.

Culturing of the gonococcus is being carried on for selected clinics, and this service will be extended.

The sensitivity and constancy of serologic tests for syphilis, as performed by laboratories in New Jersey, is checked by the lyophile method with standardized syphilitic serum. Mazzini antigen of a constant sensitivity is now supplied to laboratories upon request.

The program carried on for the past 20 years of making information about the venereal diseases available to the public through leaflets, posters and motion pictures has been continued, with a special effort during the past year to secure the cooperation of drug store proprietors and industrial employers in the distribution of educational material.

Pamphlets on sex hygiene also are distributed in large quantities. The Bureau has cooperated with the New Jersey Social Hygiene Society. This society merged with the New Jersey Tuberculosis League in 1941 and cooperation is being continued. The Bureau also cooperates with the Social Hygiene Committee which is functioning under the auspices of the State Department of Public Instruction.

**New Jersey Tuberculosis League, Newark.**—To consolidate efforts in the field of social hygiene and health education in New Jersey, the New Jersey Social Hygiene Association and the New Jersey Tuberculosis League, agreed in January, 1942, to place the public health education program and other social hygiene activities under the latter agency, which will now plan to carry on an active social hygiene program. This arrangement is on a trial basis for one year.

Carried over from the Social Hygiene Association's program was the Annual Spring Conference held by the League in April, and including prominently the theme of social hygiene.

The Education Committee of the New Jersey Social Hygiene Association has done outstanding work in studies of education for family life and how it may be taught in the public school system. Two comprehensive bulletins—*An Approach to Sex Education in Schools* and *Education for Human Relations and Family Life on the Secondary School Level: A Program and Correlated Outline*—the work of this Committee and its chairman, Dr. Mabel Grier Leshner, have been published by the American Social Hygiene Association and widely distributed. The Committee has also been in contact with the officers of the State Department of Public Instruction regarding collaboration in education for family life in the public schools and reports gratifying progress.



**Newark Department of Health:** The outstanding features of the year are:

1. Fifty-six cases of early syphilis treated by the new five-day massive-dose drip treatment.
2. A blood test record of nearly 180,000 tests.
3. The highest record of syphilis patients dismissed as finished: 1,655 finished and 1,814 on rest, presumably finished.
4. Great reduction of syphilis case load: From the peak of 7,854 in 1940 to 5,960 in 1941.
5. An exceptional record in treatment of gonorrhea: 97.3 per cent of cases clinically cured in one week, confirmed by subsequent tests.
6. Introduction of gonococcal cultures as more reliable diagnosis and test of cure.
7. Extensive cooperation in examinations of draftees and treatment of those infected.

*Genito-Urinary Clinic—Male:* During the year 516 new cases with smears positive for gonorrhea were admitted, in addition to several cases which were clinically gonorrhea but in which no positive smears could be obtained. One reason for the existence of these cases is that under the present treatment the improvement is so rapid that unless a positive smear is obtained at the first visit it can never be obtained.

The work was greatly facilitated by the use of cultures, making the diagnosis and particularly the proof of cure more accurate. The routine proof of cure consists of three negative smears and three negative cultures. The routine treatment consists of sulfathiazole with the occasional use of sulfadiazine and sulfacetamide. Under this regime 502, or 97.3 per cent of the 516 proven cases, showed a clinical cure inside of one week. These cases were all proven to be cured by subsequent tests. The remaining 14 cases showed such a lack of uniformity, that no conclusions can be drawn from them. Four responded to further use of sulfathiazole; two responded to sulfadiazine, two more to sulfacetamide and one to sulfapyridine. Five have failed to respond and still show positive smears or cultures after varying lengths of time.

The reason for this lack of response is also inconclusive. Some were admittedly uncooperative, while it was felt that others were entirely cooperative. The time factor before beginning treatment did not seem operative. No serious side effects of the drugs were noted and the percentage of complications was negligible being less than one half of one per cent.

During the year the non-venereal work has increased greatly, showing the need for this work in the community. As the laity become more educated, more cases come in to the G. U. Department directly and the number of consultations with other departments of the clinic shows a steady increase. The gonococcus cultures in addition to the smear tests which have been introduced this year have proved very valuable as a more accurate means of diagnosis and test of cure. For example: During the month of December, out of 138 tests in which both cultures and smears were taken, the cultures showed 30.4 per cent positive, whereas the smears showed only 21.7 per cent positive. By the smear method alone, many cases of infection are missed.

*Genito-Urinary Clinic—Female:* The introduction of the sulfonamides in the treatment of gonorrhea has been peculiarly valuable in the treatment of females inasmuch as the treatment methods formerly used were far less effective in females than they were in males. The greatest value of the culture test

method is also shown in the female cases because the smear test alone was much less reliable in females than it has been in males.

*Health and Defense:* The venereal division works in close cooperation with the draft boards and the state department of health in the handling of the venereal aspect of the examination of draftees. The State Department of Health has referred to the Venereal Division all draftees from Newark who were found to be positive for syphilis or gonorrhea, except those who chose to go to private physicians. Many of these failed to obey the order to report to their physicians and these were in turn referred to us for follow-up. Draftees have been followed up by our Social Service Investigators to bring them to the clinics for further diagnosis and for treatment when this was indicated. The Social Service has succeeded in bringing in all but 5 per cent of these draftees for medical attention. This service has added a considerable proportion of patients to the case-load of our clinics.

*Social Service:* The effectiveness of venereal disease control measures depends upon no one feature so much as it does upon the extent and thoroughness of the social service aspect of the venereal clinics. Its essential functions are: 1. Case Holding, and 2. Case Finding.

In order to achieve the public health objectives in venereal disease control, patients must be kept under treatment regularly and long enough. Since the adequate care of a case of syphilis requires at least a year and a half to two years, if treatment is regular, and often much longer when irregular, success in holding patients is really the crux of the matter.

Inasmuch as syphilis is infectious mainly in its early stages, and can be quickly rendered non-infectious by treatment, the heart of syphilis control medically lies in the earliest possible discovery and treatment of every new infection. And, inasmuch as gonorrhea remains infectious until cured, its earliest discovery and cure are of the utmost urgency. Hence the emphasis upon case-finding. Every new case of syphilis or gonorrhea is made the starting point for tracing contacts and bringing them under medical supervision.

The Venereal Division lays paramount emphasis upon its social service for case-finding and case-holding. Approximately fifteen full-time employees are engaged in it, including the workers of the W.P.A. Venereal Project which has been rendering very efficient service.

*Case-Finding:* During the year 104 persons were named by infected persons as the possible sources of infection. Of these, 64 were located and examined, and 26 were found to be infected and were brought under treatment.

*Case-Holding:* Every new patient is carefully instructed regarding his case with a view to securing willing cooperation toward adequate treatment. Such instruction is repeated from time to time as needed. Those who lapse from treatment are promptly followed up by letter and personal visits of investigators. During the year, 18,200 letters were sent and 36,267 visits were made.

The effects of this service is shown concretely in that 1,655 syphilis patients were dismissed during the year as permanently arrested or cured, having been held long enough to receive adequate treatment. In addition, 1,814 more patients were placed on rest from treatment as presumably finished. This is the highest record of finished cases the clinic has ever attained.

*Holding Early Cases:* Desiring to ascertain to what extent the Newark clinic was succeeding in holding its primary and secondary (infectious) patients long enough to assure curative treatment, we analysed the 83 early cases which came to the clinic during the year 1939. There were 49 men and 34 women.

Nine patients were referred to private physicians after 8 of them had already received from 24 to 68 treatments. Eighteen patients were lost to the clinic before receiving adequate treatment. However, 13 of these had already received

from 19 to 56 treatments before they left the clinic and hence were in all probability no longer a public health risk.

Fifty-six of the 74 patients (excluding the 9 transferred to private physicians) or 75.7 per cent, were held in the clinic long enough to receive adequate treatment, and the large majority of the rest received enough treatment to reasonably insure them against serious damage and to assure continued non-infectiousness. This is a very exceptional clinic record.

**Public Education:** The important work of public health education as it bears on the problems of youth and on the venereal diseases among Negroes was continued during the year under the leadership and with the personal service of Dr. E. Mae McCarroll. She conducted talks and discussions on various aspects of these issues with 68 community groups of a wide variety, mostly young people. Some of the talks were accompanied by motion picture showings. The growing awareness of these problems among young people and their understanding of them which is manifest is undoubtedly an outgrowth of this intimate educational service.

"Near-neighbor" relations between the A.S.H.A. and New Jersey groups naturally exist, and during the past year, in addition, a number of national conventions and conferences held at Atlantic City have brought A.S.H.A. staff members and officers into the state. Among these have been the meetings of the **American Medical Association**, the **American Public Health Association** and the **National Conference of Social Work**. A.S.H.A. representatives participating have been Dr. Snow, Dr. Clarke, Dr. Storey, Mr. Johnson, Miss Pinney and Mr. Stenek. In connection with all these meetings, comprehensive exhibits of social hygiene work have been shown and demonstrated, and at the A.P.H.A. meeting in October, 1941, the N.C.S.W. meeting in June, 1941, special sessions were arranged on social hygiene topics, with outstanding speakers. Various meetings of state groups have also had A.S.H.A. staff as speakers or conference consultants.

## NEW MEXICO

### *Population*

*Urban* 176,401

*Rural* 355,417

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531,818

*Population rank among states* 42

*A.S.H.A. members in state* 19

### *Social Hygiene Societies and Committees*

None.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, W. A. Humphries, 3205 E. Central Avenue, Albuquerque.

**Kiwanis International:**\*

**Lions International:**\*

**New Mexico Congress of Parents and Teachers:** *President*, Mrs. P. V. Thorson, 307 South Leas, Roswell.

**New Mexico Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Frances Goddard, Box 83, Mesilla Park.

**New Mexico Medical Society:** *President*, Carl Mulky, M.D., Albuquerque; *Secretary*, L. B. Cohenour, M.D., 221 W. Central Avenue, Albuquerque.

**New Mexico Nurses Association:** *Secretary*, Ora May Hodges, Methodist San., Albuquerque; *Chairman*, Public Health Nursing Section, Dorothea Jackson, Public Health Dept., Las Vegas.

\* See page 239 for national headquarters.

**New Mexico Tuberculosis Association:** *Executive Secretary*, Mrs. Gladys A. Alexander, P. O. Box 1665, Santa Fe.  
**New Mexico Woman's Christian Temperance Union:** *President*, Mrs. George A. Endicott, 1208 So. High St., Albuquerque.  
**Rotary International:\***

### Official Agencies

**National Youth Administration, Region X:** See Texas.  
**New Mexico Defense Council:** *Coordinator*, Col. E. E. Safford, Post Office Box 1018, Santa Fe.  
**New Mexico State Department of Education:** *Superintendent of Public Instruction*, Mrs. Grace J. Corrigan, Santa Fe.  
**New Mexico State Department of Public Health:** *State Director of Public Health*, James R. Scott, M.D., Santa Fe; *Director*, Division of Venereal Disease Control, E. F. McIntyre, M.D.

### Clinics or Cooperating Clinicians at:

Alamo Gordo, Albuquerque, Artesia, Belen, Bernalillo, Carlsbad, Clayton, Clovis, Deming, Espanola, Farmington, Fort Sumner, Gallup, Hobbs, Las Cruces, Las Vegas, Lordsburg, Los Lunas, Lovington, Pecos, Portales, Raton, Santa Fe, Silver City, Secorro, Tucumcary.

**Social Protection Section, Office of Defense Health and Welfare Services, Region X:** See Texas.

**U. S. Army, Eighth Corps Area:** See Texas.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, A. B. Fite; *State Home Demonstration Leader*, Mrs. Helen D. Crandall, New Mexico College of Agriculture and Mechanic Arts, State College.

**U. S. Navy, Eleventh District:** See California.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Dr. Dorothy Woodward, University of New Mexico, Albuquerque.

**U. S. Public Health Service:** For *Director*, District IX, and for *Liaison Officer*, Eighth Army Corps Area, see Texas.

**Work Projects Administration:** *State Director of Community Service Program*, Isabel L. Eckles, Santa Fe.

### State Department of Public Health, Santa Fe.—A report says:

Medical and Public Health Measures: Present facilities are not equal to the need. Many rural areas are still without medical facilities of any kind. Moreover, the number of such areas will increase as additional doctors are called into active service with the armed forces.

The New Mexico State Department of Public Health has formulated a plan providing for the utilization of a full-time V. D. clinician, a full-time investigator, and essential clerical personnel in each of the ten health districts comprising the State. The plan has been completed except for clerical personnel in four of the ten health districts. Appropriations at present are adequate, but must be increased as the program develops.

Local pharmacists for the most part are cooperating in suppressing quackery on an individual basis. Cooperation of the pharmaceutical societies undoubtedly would be forthcoming, but has not as yet been solicited.

Newspapers and other publications cooperate when requested. Radio stations likewise cooperate when requested. Radio stations used by the State Health Department are Santa Fe, KVSE, and Albuquerque, KOB and KGGM. . . . Until recently the State Health Department conducted an extensive state-wide public health educational program through the operation of a mobile sound and motion picture unit. The mobile unit educational program was initiated on

\* See page 239 for national headquarters.

October 1, 1939, under the cooperative sponsorship of the New Mexico State Department of Public Health and the New Mexico State Tuberculosis Association as a state-wide public health educational campaign.

The sound truck is operated by a lay person under the general direction of the Director of County Health Work and the immediate supervision of the district health officer having jurisdiction over the area of operation. While in the district, the technician conducts himself as an employee of the district health officer. Either he or some member of the district office makes the necessary contacts and arranges for showing pictures in schools, to service clubs, and any other interested bodies. A special effort is made to show pictures in the remote rural areas. This has been accomplished by going to the rural schools when they are in session and by showing films in the small villages on an outdoor screen.

At the present time the State Department of Public Health maintains a library consisting of approximately sixty films, most of which are sound. They cover all phases of public health, with considerable emphasis on communicable disease, tuberculosis, pneumonia, and various phases of maternal and child health. On occasion leaflets covering special phases of the public health educational program are distributed in conjunction with the showing of films, though this is not routine procedure. This educational program was discontinued effective May 1, 1942, due to inability of the State Health Department to secure tires for state-owned sound trucks from the local tire rationing board.

*Legal and Protective Measures:* State Police have been admonished to cooperate in the suppression of prostitution by the Governor of the State. County Sheriffs' Offices in many localities have been most cooperative, notably in Chaves, Sante Fe, Bernalillo, and McKinley Counties, as have the Chiefs of Police in Albuquerque, Sante Fe, Roswell, Gallup, and certain other areas. Facilities for rehabilitation are at present relatively insignificant, but activities in this direction are in the process of development, the City of Santa Fe having taken the initiative in this direction with the aid of the A.W.V.S.

The churches and family welfare groups actively support and strongly advocate adherence to the principles of the premarital and prenatal physical and serologic examinations whenever and wherever such preventive measures can feasibly be instituted.

*Education for Marriage and Family Life:* The University of New Mexico is apparently the only school of higher learning that has ever incorporated into its regular curriculum courses in sex hygiene.

*National Defense and War Activities:* State and local health departments give the fullest cooperation to the Selective Service Administration of the State. The State Health Department has assumed entire responsibility for the expense and conduct of the Serologic Survey, except for the taking of blood specimens. The State Public Health Laboratory performs all serologic tests and the facilities of all Health Department-sponsored Venereal Disease clinics have been made available to Selective Service Medical Examining Boards. In many instances the clinics are used as Selective Service Examining Centers and the clinic personnel assist in conducting the examinations. Local health department personnel conduct epidemiologic investigation on selectees rejected because of a positive serology, and many have been admitted to the clinics for treatment, while others have been returned to private physicians for continued treatment.

To meet the vital problems of venereal disease control in industrial and mining areas, clinics have been established at six points. A serologic survey has been conducted at one of these places and plans for a similar survey among the employees of another place is contemplated. The majority of the larger oil industries make the serologic blood test a part of the physical examination required by all new employees. Educational activities among industrial groups, however, has been negligible, due to the lack of health department personnel qualified to conduct such a program.

Among A.S.H.A. visitors to Santa Fe and Albuquerque during the past year was Dr. Snow, who spent some time in conference with health and law enforcement officials there.

## NEW YORK

### Population

Urban 11,165,893

Rural 2,313,249

13,479,142

Population rank among states 1

A.S.H.A. members in state 797

## Social Hygiene Societies and Committees

### New York City:

**Social Hygiene Committee, State Committee on Tuberculosis and Public Health:** *Secretary*, George J. Nelbach, 105 East 22nd Street.

**New York Committee on Social Hygiene Day:** *Chairman*, William F. Snow, M.D.; *Secretary*, Jacob A. Goldberg, 386 Fourth Avenue.

**Social Hygiene Council of Greater New York:** *Secretary*, Jacob A. Goldberg, M.D., 386 Fourth Avenue.

**Social Hygiene Committee, New York Tuberculosis and Health Association:** *Secretary*, Jacob A. Goldberg, M.D., 386 Fourth Avenue.

**Bureau of Marriage Council and Education, Inc.:** *Director*, Valeria H. Parker, M.D.; *Assistant Director*, Gertrude Bettmann Hermann, 54 West 53rd Street.

### Brooklyn:

**Social Hygiene Committee, Brooklyn Tuberculosis and Health Association:** *Chairman*, Charles S. Prest, M.D., 293 Schermerhorn Street.

**Y.W.C.A. Department of Human Relations:** 30 Third Street.

**Jamaica, L. I.: Queensboro Tuberculosis and Health Association:** *Executive Director*, Charles A. Freck, 90-04 161st Street.

**Amsterdam: Social Hygiene Committee, Montgomery County on Tuberculosis and Public Health:** *Secretary*, C. Louise Wills, 20 Market Street.

**Auburn: Social Hygiene Committee, Cayuga Health Association:** *Executive Secretary*, Hal Kearns, 160 Genesee Street.

**Binghamton: Social Hygiene Committee, Broome County Tuberculosis and Public Health Association:** *Chairman*, Clement Bowers, 69 Henry Street.

**Buffalo Social Hygiene Committee:** *Chairman*, Earl D. Osborne, M.D., Council of Social Agencies, 471 Delaware Avenue.

**Catskill: Social Hygiene Committee, Greene County Tuberculosis Committee:** *Executive Secretary*, Mrs. Frederick C. Fiero, Cherry Lane.

**Corning: Social Hygiene Committee, Tuberculosis Committee of Corning Social Service Society:** *Secretary*, Robie O. Sargent.

**Elmira: Social Hygiene Committee, Visiting Nurse and Tuberculosis Association:** *Chairman*, Edwin Hotchkiss, Wisner Park.

**Geneva: Social Hygiene Committee, Ontario County Committee on Tuberculosis and Public Health:** *Executive Secretary*, Nancy Disbrow, 34 Castle Street.

**Glens Falls: Syphilis Education Committee, Warren County Tuberculosis Committee:** *Executive Secretary*, Marjorie Bucknam, 59 Ridge Street.

**Herkimer: Social Hygiene Committee, Herkimer County Committee on Tuberculosis and Public Health:** *Secretary*, Miss Jane Boote, R.N., Court House.

**Hudson Falls: Social Hygiene Committee, Washington County Tuberculosis and Public Health Committee:** Dana M. King.

**Ithaca: Social Hygiene Committee, Tompkins County Tuberculosis and Public Health Association:** *Chairman*, H. B. Sutton, M.D., 101 N. Cayuga Street.

**Jamestown: Social Hygiene Committee, Chautauqua County Tuberculosis and Public Health Association:** *Chairman*, Charles E. Goodell, M.D., 413 N. Main Street.

**Johnstown: Social Hygiene Committee, Fulton County Tuberculosis and Public Health Association:** *Secretary*, Mrs. Iva W. Holmes, County Bldg.

- Keeseville:** Council on Social Hygiene of Essex County Tuberculosis and Public Health Association: *Executive Secretary*, Mrs. Elaine Edmonds, Keene Valley, N. Y.; *Chairman*, John H. Evans, M.D.
- Kingston:** Social Hygiene Committee, Ulster County Committee on Tuberculosis and Public Health: *Chairman*, Rev. Maurice W. Venno, 209 Albany Avenue.
- Malone:** Social Hygiene Committee, Franklin County Tuberculosis and Public Health Association: *Executive Secretary*, Florence Anne Brush, Court House.
- Middleburg:** Social Hygiene Committee, Schoharie County Tuberculosis and Public Health Association: *Secretary*, Mrs. Frances B. Spencer.
- Middletown:**  
 Social Hygiene Committee, Orange County Health Association: *Executive Secretary*, Grace Cole, 44 W. Main Street.  
 Club for the Prevention of Venereal Disease: *President*, Paul Morreale.
- Mineola:** Social Hygiene Committee, Nassau County Tuberculosis and Public Health Association: *Executive Secretary*, Frances H. Barbour, 1565 Franklin Avenue.
- Monticello:** Social Hygiene Committee, Sullivan County Health Association: *Executive Secretary*, Mrs. Beryl L. Cole, Bushnell Bldg.
- Newburgh:** Social Hygiene Committee, Newburgh Public Health and Tuberculosis Association: *Chairman*, Russell Rymer, Y.M.C.A.
- Niagara Falls:** Social Hygiene Committee, Tuberculosis and Health Association of Niagara County: *Executive Secretary*, Carl O. Lathrop, Gluck Bldg.
- Oneida:** Social Hygiene Committee, Madison County Tuberculosis and Public Health Committee: *Secretary*, Mrs. Grace B. Smith, City Hall.
- Ogdensburg:** Social Hygiene Committee, St. Lawrence County Tuberculosis and Public Health Association: *Executive Secretary*, Mrs. Elizabeth A. Ward, 216 Ford Street.
- Oneonta:** Social Hygiene Committee, Otsego County Tuberculosis and Public Health Association: *Executive Secretary*, Emily A. Spraker, 17 Ford Avenue.
- Owego:** Social Hygiene Committee, Tioga County Tuberculosis and Public Health Association: *Executive Secretary*, Ruth Williams, 203 Main Street.
- Penn Yan:** Social Hygiene Committee, Yates County Tuberculosis and Public Health Committee: *Chairman*, Rev. R. N. Jessup.
- Plattsburgh:** Social Hygiene Committee, Clinton County Committee on Tuberculosis and Public Health: Mrs. Marion Foy, Box 57, 42-A Peru Street.
- Poughkeepsie:** Social Hygiene Committee, Dutchess County Health Association: *Secretary*, Mrs. Cynthia Pettee Sweet, 16 Cannon Street.
- Rochester:** Social Hygiene Committee, Tuberculosis and Health Association of Rochester and Monroe County: *Secretary*, Raymond H. Greenman, 277 Alexander Street.
- Salamanca:** Social Hygiene Committee, Cattaraugus County Tuberculosis and Public Health Association: *Executive Secretary*, Mrs. Ella M. Finch, 88 Broad Street.
- Saratoga Springs:** Social Hygiene Committee, Saratoga County Tuberculosis and Public Health Association: *Chairman*, G. Scott Towne, 426½ Broadway.
- Schenectady:** Social Hygiene Committee, Schenectady Committee on the Prevention of Tuberculosis: 207 State Street.
- Syracuse:** Social Hygiene Committee, Onondaga Health Association: *Chairman*, Rabbi Irwin I. Hyman; *Secretary*, Arthur W. Towne, Loew Bldg., 108 W. Jefferson Street.
- Troy:** Social Hygiene Committee, Rensselaer County Tuberculosis and Public Health Association: *Chairman*, Mrs. G. N. Patrick, P. O. Box 634.
- Utica:** Social Hygiene Committee, Oneida County Tuberculosis and Health Association: *Executive Secretary*, George M. Shahan, 219 Genesee Street.
- Walton:** Social Hygiene Committee, Delaware County Tuberculosis and Health Association: *Secretary*, Elsie F. Gudger.
- Warsaw:** Social Hygiene Committee, Wyoming County Committee on Tuberculosis and Public Health: *Executive Secretary*, Mrs. E. E. Rowe.
- Waterloo:** Social Hygiene Committee, Tuberculosis and Public Health Committee of Seneca County: *Executive Secretary*, Honoria McDonald, 36 East Main Street.
- Watertown:** Social Hygiene Committee, Jefferson County Tuberculosis and Public Health Association: *Secretary*, Gertrude F. Baker, 509 Jefferson County Bank Bldg.

**Watkins Glen:** Social Hygiene Committee, Schuyler County Tuberculosis and Health Association: *Chairman*, Irving T. Goodrich, 207 North Jackson Street.  
**White Plains:** Westchester Tuberculosis and Public Health Association, Inc.: *Executive Secretary*, Mrs. Susan M. Baker, 8 Church Street.  
**Wellsville:** Sub-Committee on Social Hygiene, Allegany County Public Health and Welfare Association.  
**Yonkers:** Social Hygiene Committee, Yonkers Tuberculosis and Health Association: *Executive Secretary*, Mrs. Marie F. Kirwan, 20 South Broadway.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Maurice Stember, 305 Hall of Records, New York City.  
**Kiwanis International:**\*  
**Lions International:**\*  
**Medical Society of the State of New York:** *President*, George W. Cottis, M.D., Jamestown; *Secretary*, Peter Irving, M.D., 292 Madison Avenue, New York.  
**New York Conference on Social Work:** *Secretary*, Mrs. Mary B. Holsinger, 112 State Street, Albany.  
**New York Congress of Parents and Teachers:** *President*, Mrs. Carl R. Brister, 79 E. Genesee Street, Auburn; *Social Hygiene Chairman*, Mrs. Philip Reimherr, 286 6th Avenue, N. Troy.  
**New York Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Marie F. Kirwan, 20 S. Broadway, Yonkers.  
**New York Junior Chamber of Commerce:** *President*, Ed Stephens, 1230 Tinton Avenue, Bronx.  
**New York Nurses Association:** *Executive Secretary*, Emily J. Hicks, 152 Washington Avenue, Albany; *Chairman*, Public Health Nursing Section, Clara Chitwood, 675 Delaware Avenue, Buffalo.  
**New York State Council of Federated Church Women:** *President*, Olive E. Eberling, 1520 Ontario Ave., Niagara Falls.  
**New York State Teachers Association:** *Deputy Superintendent of Schools*, William J. Small, Niagara Falls; *Secretary*, Arvie Eldred, 152 Washington Avenue, Albany.  
**New York Woman's Christian Temperance Union:** Headquarters, 156 Fifth Ave., New York City. *In charge*, Miss Helen G. H. Estelle; *President*, Mrs. D. Leigh Colvin, 605 West 184th St., New York City.  
**Rotary International:**\*  
**United Service Organizations, Regions II and III:** *Executive*, Harold B. Allen, 1630 Empire State Bldg., New York City.

### Official Agencies

**National Youth Administration, Region I:** See Massachusetts.  
**New York City Defense Council:** *Secretary*, David S. Meiklejohn, 60 Broadway, New York.  
**New York State Council of Defense:** *Secretary*, Thomas L. F. Coreoran, State Capitol, Albany; *Vice chairman*, Lieut. Gov. Charles Poletti, same address.  
**New York State Department of Education:** *Commissioner of Education*, Ernest E. Cole, Albany; *Director*, Health and Physical Education Division, Hiram A. Jones.  
**New York State Department of Health:** *State Commissioner of Health*, Edward S. Godfrey, M.D., Albany; *Director*, Division of Syphilis Control, W. A. Brumfield, Jr., M.D. On leave for Army duty. *Assistant Director*, J. H. Lade, M.D.

### Clinics or Cooperating Clinicians at:

Albany (3), Amsterdam, Auburn, Bath, Beacon, Binghamton, Brooklyn (18), Buffalo (6), Cambridge, Camillus, Canastota, Cobleskill, Coeymans, Cohoes, Corning, Cortland, Dunkirk, East Kingston, East Rochester, Elmira, Elmont, Endicott, Far Rockaway, Flushing (2), Freeport, Fulton, Geneva, Glen Cove, Glens Falls, Gloversville, Gouverneur, Greenburgh, Hornell, Hudson, Hudson

\* See page 239 for national headquarters.



Falls, Ithaca, Jamaica (2), Jamestown, Johnson City (2), Johnstown, Kenmore, Kingston, Lackawanna (2), Lawrence, Little Falls, Lockport, Long Island City, Malone, Mamaroneck, Middletown, Mineola, Monticello, Mount Vernon, Newburgh, New Rochelle, New York City (59), Niagara Falls, North Tonawanda, Norwich, Ogdensburg, Olcan, Oneida, Oneonta, Ossining, Oswego, Peekskill, Plattsburg, Port Chester, Poughkeepsie (2), Rochester (6), Rome, Salamanca, Saranac Lake, Saratoga Springs, Schenectady, Sodus, Staten Island (3), Syracuse, Tarrytown, Tonawanda, Troy (2), Tupper Lake, Utica, Valhalla, Warsaw, Watertown, Watkins Glen, Wellsville, Whitehall, White Plains, Yonkers.

**New York State Department of Social Welfare:** *Commissioner*, David C. Adie, Albany.

**Social Protection Section, Office of Defense Health and Welfare Services, Region II:** *Representative*, Eileen McGrath, 11 West 42nd Street, New York City.

**U. S. Army, Second Corps Area:** Headquarters, Governor's Island: *Venereal Disease Control Officer*, Captain Lyman Duryea, MC.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, L. R. Simons, New York State College of Agriculture, Ithaca; *State Home Demonstration Leader*, Mrs. Ruby Green Smith.

**U. S. Navy, Third District:** *Commandant*, Headquarters, Third District, New York City; *Venereal Disease Control Officer*, Lt. Comdr., M. Wishengrad.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Jane Hawkins, Adelphi College, Garden City; Ruth P. Greene, Alfred University, Alfred; J. V. Garland, Colgate University, Hamilton; Sidney Ditzion, College of the City of New York; Frank N. Jones, South Hall, Columbia University, New York City; Edward K. Graham, Cornell University, Ithaca; Rev. Charles J. Doane, Fordham University, New York City; Nelson W. McCombs, Washington Square, New York University, New York City; J. Gordon Farrell, Niagara University; Mrs. Eulin K. Hobbie, Skidmore College, Saratoga Springs; Dr. Herbert A. Bloch, St. Lawrence University, Canton; Wharton Miller, Syracuse University; Helmer L. Webb, Union College, Schenectady; Dr. Charles Abbott, University of Buffalo; John R. Russell, University of Rochester; Fanny Borden, Vassar College, Poughkeepsie.

**U. S. Public Health Service:** *Director*, District I, Senior Surgeon Ralph C. Williams, Sub-treasury Building, 15 Pine Street, New York City; *Liaison Officer*, Second Army Corps Area, Senior Surgeon Albert E. Russell, Governor's Island, New York. *Venereal Disease Research Laboratory*, Staten Island, *Director*, Senior Surgeon J. F. Mahoney; *Associate Director*, P. A. Surgeon C. J. Van Slyke; *Venereal Disease Control Consultant*, P. A. Surgeon Roger E. Heering, Sub-treasury Bldg., New York City.

**Work Projects Administration:** *State Director of Community Service Program*, James W. Gaynor, Old Post Office Building, Albany; *Director for metropolitan area* (acting), Joseph L. Ginniff.

**Bureau of Marriage Counsel and Education, New York.**—The Bureau conducts an educational center which provides the following services:

(The scope of its work, through correspondence and field activities, is national.)

*Consultation*, by appointment, for premarital problems, advice to those about to marry and to those who are meeting with difficulties in adjustment after marriage. Clients are referred to physicians, psychiatrists, or social agencies when indicated.

*Lectures, Seminars, and Family Relations Institutes*, arranged by request.

*Training for College Students*, who give voluntary services.

*Distribution of Literature*, standard books and pamphlets are sold by mail order.

**Letter Service:** Through a column in a popular magazine, a wide range of advice is given. Many problems are connected with ununiformed services. Special attention is given to inquiries regarding venereal diseases. Prospective unmarried mothers, through the cooperation of other agencies, are given protection, medical care, and help in planning for the future. Many cases are referred for first-hand advice to local or state health or welfare agencies.

The Bureau is supported by voluntary contributions, membership fees, and fees for services rendered.

The Bureau is a member agency of the American Social Hygiene Association.

**New York State Department of Health, Division of Syphilis Control, Albany.**—Increased diagnostic and treatment facilities have been provided through 105 venereal disease clinics operating under the direct supervision of local and state health departments. In these clinics there are 178 physicians employed on a part time basis. Working in conjunction with these clinics are the district offices of the State Department of Health and the six county health departments. There is a staff of 275 physicians and nurses employed in these departments. Through these personnel, case reporting, investigation of contacts, sources, delinquent patients, and the diagnosis and treatment of known cases of syphilis are assured. Three full time and four part time consultants in syphilis control are available for advice and guidance of the clinic and private physicians concerning the diagnosis and treatment of specific cases. Serological service, antisymphilitic and antigonorrheal drugs are available to physicians for all patients without regard to financial status.

Laws requiring serological examinations for persons applying for marriage licenses and mothers at the time of their first visit to the physician during pregnancy have been in operation since 1938.

Excellent cooperation has been forthcoming from newspapers and radio stations of New York State. Approximately 540 newspapers publish releases in respect to venereal diseases and 22 radio stations regularly broadcast the transcriptions of the New York State Department of Health. In addition to these facilities the departmental organ *Health News* is sent out at weekly intervals to physicians, health officers, nurses and other interested persons. Exhibits are prepared for use at conventions, fairs and the like. Motion pictures and lectures are available through the department and are utilized widely throughout the state.

The State Department of Health, in cooperation with the state and local police, has been active in the repression of prostitution through tracing the contacts of known cases of venereal disease. In addition to these measures the repression of prostitution in defense industry and extra-cantonment areas is actively prosecuted.

The rehabilitation of women and girls engaged in prostitution is carried out through reformatories, training schools and penal institutions.

**New York: State Committee on Tuberculosis and Public Health of the State Charities Aid Association.**—(Operates in New York State outside New York City): "We believe our work in the past decade has contributed substantially to the progress—State, local and nationwide—of public acceptance and support of venereal disease control objectives. Our program of work for 1942 includes the following:

"Promotion of cooperative efforts to prevent spread of venereal diseases among uniformed men, industrial defense workers and civilian population by creation of such a volume of public sentiment for the suppression of commercialized vice as will encourage and stimulate appropriate authorities to take action.

"Continued promotion of health examinations of industrial workers and provision of medical examinations, corrective services and health education for men enrolled in vocational training courses for jobs in war industries.

"Cooperation with the United Service Organization and its member agencies in their recreation program for soldiers, sailors and defense workers.

"Public education about the fact that gonorrhea is at long last on the way to marked reduction through application of chemotherapy. The campaign of public information about syphilis and gonorrhea is addressed to the attainment of the following specific objectives: The securing of additional appropriations, local, state and federal, for the maintenance and extension of venereal disease control diagnostic and treatment facilities.

"Continued assistance in securing appropriations from County Boards of Supervisors, to be matched with State aid, for the better provision of diagnostic and treatment services in *rural counties*.

"Continued advice and assistance to 61 County and City Tuberculosis and Health Associations in the formulation and appropriate functioning of programs of work in venereal disease control."

#### *Work done during 1941*

"Suppression of commercialized prostitution as the chief source of venereal disease infection of soldiers, sailors and industrial workers was a new element in the program which was extended through adoption of a "platform" of objectives; through speakers at annual meetings; through cooperation with the State Health Department in securing action on under-cover investigations of the A.S.H.A., and cooperation with the Regional Director of Social Protection of the Federal Security Agency.

"Assisted in promoting the employment of additional public health nurses whose services are essential in venereal disease control.

"Helped to improve local syphilis clinics by stimulating local association interest and attention to housekeeping and equipment, convenient hours, adequate follow-up, and kindly consideration of patients.

"Promoted public information and education about the control of venereal diseases through use of films, Social Hygiene Day observances, meetings, and Christmas Seal Sale publicity.

"Strongly supported successful efforts of A.S.H.A. in securing increased Federal financial assistance to States in venereal disease control programs.

"Held bi-monthly staff meetings between the Division of Syphilis Control of the State Health Department and the State Committee as a means of coordinating official and non-official efforts in the program.

"Cooperated with the A.S.H.A. in developing an interest by other State Tuberculosis Associations toward including promotion of venereal disease control in their programs of work."

**Brooklyn: Social Hygiene Committee, Brooklyn Tuberculosis and Health Association.**—The Social Hygiene program of the Brooklyn Tuberculosis and Health Association is coordinated with that of the Social Hygiene Committee of the New York Tuberculosis and Health Association. A healthmobile recently put into operation offers opportunity for added circulation of social hygiene materials.

**Buffalo Council of Defense, Social Hygiene Committee.**—A panel discussion on Defense and the Venereal Disease Problem in Buffalo, to which representatives of labor, industry, welfare and other organizations were invited, was presented in February by the Social Hygiene Committee, which is under the Community Services Division of the Defense Council.

The panel which gave special attention to threats of syphilis and gonorrhea to the health of industrial workers, included Paul H. Benjamin, of the Council of Social Agencies, as moderator; Louis L. Bennett of the Social Protection Section, Office of Defense Health and Welfare Services; Lobo De Mello, M.D., in charge of the Buffalo Syphilis Control Clinic; Russell Di Pasquale, of the C.I.O.; Patrick Geracci, of the A.F.L.; William H. Handel, M.D., Erie County Department of Social Welfare; Mrs. Otis Jackson; Earl D. Osborne, M.D., chairman of the Social Hygiene Committee, who made a statement of the syphilis problem; Timothy W. Regan, Chief Probation Officer of the City Court; and Lieutenant Wilbur J. Turner of the Police Department.

**Buffalo Council of Social Agencies, Health Division.**—Cooperation in the Social Hygiene Day meeting of the Buffalo Council of Defense in February is to be followed up by a comprehensive two-day conference June 19-20 on *Community Health in War Time*, meeting in seven different sessions, including a luncheon, a general session, and special sections on *The Health of Our Children*; *Tuberculosis*; *Medical and Hospital Care*; *Eat Right—Be Fit to Fight*; *The Health of the Industrial Worker*; *Problems in Public Health*; and *The Community's Responsibility in the Control of Venereal Diseases*. Speakers scheduled for the conference, which is sponsored by 61 state and local organizations, are outstanding leaders in the fields of medicine, nursing, nutrition, public health, labor, industry and welfare work.

The Health Division has extended an invitation to the American Social Hygiene Association to hold its thirtieth annual meeting in Buffalo in February, 1943.

**Cattaraugus County Tuberculosis and Public Health Association, Inc., Salamanca.**—There are few industrial plants engaged in the production of war materials in our community, but all war workers are being given blood tests for syphilis and if found to be infected with either syphilis or gonorrhea are helped and advised.

Pamphlets, including the leaflet for draftees, *So Long, Boys*, are being distributed. Schools, 4H Clubs, Parent-Teacher Associations, NYA and other youth and youth serving groups serve as channels for public education. About 1,500 leaflets and pamphlets have been given out during the past year. Agencies such as the American Legion, and the Granges open their meetings to social hygiene talks. A typical youth meeting was arranged for the County 4H Clubs, NYA boys and girls and junior and senior high school classes. St. Mary's Parish house was donated for the occasion. Speakers were Dr. H. R. O'Brien, County Commissioner of Health and Dr. Roy Seideman, Deputy Commissioner. Two films, *Good-bye, Mr. Germ* and *With These Weapons* were shown. There were 150 present, and a great deal of enthusiasm was created, resulting in other meetings in the county.

Another interesting lecture project was arranged through letters sent to 75 high school principals and agencies, resulting in the following meetings, at which 1,000 people heard the talks and saw the film *With These Weapons*.

School No. 2 P.T.A., Olean; Hungry Hollow CCC Camp; Indian Girls and NYA Boys at Quaker Bridge; Salamanca Nursing Committee; Radio Station WHDL, Olean; CCC Camp SP-51, Red House; Great Valley Nursing Committee; South Dayton P.T.A.; Cattaraugus P.T.A.; Leather Workers' Union, Gowanda; Limestone P.T.A.; Cattaraugus P.T.A.; Company I—174th Regiment, Armory, Olean. A variety of literature was distributed. The film was shown also before high school groups notably in West Valley, Portville, and Franklinville.

**Cayuga County: Social Hygiene Committee, Cayuga Health Association, Auburn.**—A year-round program of education is conducted in cooperation with the local health department. During the past year, six radio talks were given over station WMBO; 20 articles appeared in the local newspapers, and a series of 20 talks were given to public groups.

An intensive program in February included the following: A radio program on *National Social Hygiene Day*, February 4th, by our new executive secretary, Hal T. Kearns. His address was published in full by the *Citizen-Advertiser* and excerpts therefrom were published by all county newspapers. Social hygiene articles were published each week during February in all city and county newspapers. Ten thousand copies of the leaflets, *Vital to National Defense* and *Calling All Women* were distributed to workers in all industrial plants in Auburn and Cayuga County. Social hygiene posters were also displayed in these plants. A copy of the pamphlet *Hidden Costs in Industry* was placed in the hands of the superintendents of all industrial plants. Talks and motion picture programs on social hygiene were given before nutrition classes, home-nursing classes, granges and other organizations.

Full cooperation is given to the social hygiene clinic, operated by the City and State departments of health.

**Dutchess County: Social Hygiene Committee, Dutchess County Health Association, Poughkeepsie.**—A number of war industrial plants, including NYA shops, conduct examinations for syphilis and refer cases. The two cities in the county have adequate clinic facilities and rural areas are served by cooperating clinicians. Newspapers and local radio stations, WKIP and WGNV assist in public education, and other informational channels include motion pictures, talks and literature. The Dutchess County Welfare Council is at present making a study of sex delinquency. Church and family welfare groups are active in cooperation including support of law enforcement and education of young people regarding sex and family life.

**Franklin County: Social Hygiene Committee, Franklin County Tuberculosis and Public Health Association, Malone.**—The Committee concentrates on health education and reports especially good cooperation from State and local pharmaceutical societies, through drugstore displays and distribution of literature. Newspapers cooperate in the campaign. A feature of the annual program is the exhibit at the Franklin County Fair, in which social hygiene is included. There are no war or navy establishments nearby but the Committee furnished payroll envelope stuffers for a number of industrial plants during the months of February.

**Fulton County: Social Hygiene Committee, Fulton County Tuberculosis and Public Health Association, Johnstown.**—"For five years the Association has given special observance to *National Social Hygiene Day*. This year I invited to sit in conference leaders of youth groups. To this we invited several doctors and nurses, Parent-Teacher leaders, NYA area director, secretaries of two YMCA's, also a YWCA, the Children's Agent, a city school superintendent, the County 4-H Club director, and the Scout executives. This group was of the unanimous opinion that social hygiene information should be given our young people.

Our office made up kits of social hygiene materials including the outline for sex education prepared by our Elmira Association and a list of books in this office which we are glad to loan for periods of two weeks. Fourteen parent education groups of the P.T.A. are now developing programs including sex education and social hygiene information. Calls are coming in for helps and literature. The Hi-Y clubs, a high school group in the Y.M.C.A., invited the Hi-Y from the Gloversville Association and had a social hygiene program. They also used the film *With These Weapons*. A high school in Northville used the film as well as a Parent-Teacher association in the same town. A P.T.A. and 4-H group in another section had another program with the film. A home nursing class asked for a showing. We purchased 10 sets of the sex education booklets written by Dr. Thurman Rice and published by the American Medical Association, and gave them to school libraries and Y.M.C.A.'s which are receiving much praise.

As Johnstown is not near army and navy centers, no special problems have arisen from the war crisis. The Committee carries on a year-round program of information by talks, exhibits, films and literature. Newspapers cooperate well. There is opportunity for further cooperation among church and family welfare groups and for more instruction regarding education for marriage and family life in the public schools.

**Greene County: Social Hygiene Committee, Greene County Tuberculosis and Public Health Association, Catskill.**—"We carry on a limited but continued program of education in social hygiene through press, pamphlets, posters, talks, movies, and our local health committees organized in each town. Each year it increases. Our successful public health nursing campaign aids this work too. We plan a more aggressive program this coming year." Newspapers, radio stations WKNY and WGY are cooperative.

**Madison County: Social Hygiene Committee, Madison County Tuberculosis and Public Health Association, Oneida.**—"This group says: "We have not done a great deal in the field of social hygiene but are hoping to participate more actively in its promotion." The Committee utilizes newspapers and a series of posters placed in railroad stations and public buildings as a means of education.

**Newburgh Public Health and Tuberculosis Association, Newburgh.**—A social hygiene program has been conducted through the cooperation of the Health Department, school officials and allied welfare agencies. This includes use of films, radio, exhibits, conferences, Social Hygiene Day observance, and study groups.

**New York City: Social Hygiene Committee New York Tuberculosis and Health Association.**—During the year 1941 the Committee carried on an educational program which reached the general public, college students, policemen and policewomen, teachers, group workers, graduate university students, camp counselors and directors, nurses, social workers, physicians and other professional persons:

The program directed towards the general public involved conferences and addresses, radio talks and distribution of literature. More technical procedures were followed with the other groups;

For college students, at the request of deans and faculty members, lectures were given and discussion groups led on fundamentals of social hygiene not covered in the regular college curricula;

For policemen and policewomen, courses were arranged on social hygiene problems of special import to them;

For teachers, courses on social hygiene principles insofar as public school and high school students are concerned were stressed;

For group workers, social hygiene fundamentals and behavior problems as affecting young people in settlements and community centers were dwelt upon;

For graduate students, discussions centered about problems of social hygiene among industrial workers with whom these particular graduate students were working;

Camp counselors and directors had brought to their attention, in various summer camps where they were serving, fundamentals of the social hygiene movement, conduct and biological problems of the children under their care, need for proper social orientation and adjustment by the counselors themselves, and methods of dealing with conduct disorders which might have a sex basis.

Outstanding undertaking was the all-day Annual Social Hygiene Conference, at the Hotel Astor on February 5th, including nine sessions, with 60 speakers and discussants, and a total attendance of several thousand professional persons. Eighty-eight leading public and voluntary health and welfare organizations joined in sponsorship and many participated by setting up exhibits relating to social hygiene and allied activities.

Emphasis on activities of social workers was especially placed upon medical social workers in syphilis clinics. This group organized by the Social Hygiene Committee in 1940, includes all social workers in such clinics. Meetings were held for the discussion of professional standards, and members of the Social Hygiene Committee participated in the discussions. Subjects already dealt with include *Responsibilities of Medical Social Workers in the Syphilis Clinic*, *The First Interview*, and *Case-Finding and Case-Holding*.

Nurses in syphilis clinics are another group with whom the Committee has carried on close cooperation. They have been organized into an Association of Nurses in Syphilis Clinics, cooperate with the medical social workers in such clinics in discussing common problems and developing standards of service. Reports already prepared include those on *The Physical Set-Up of a Syphilis Clinic*, *Respon-*

*bilities of the Syphilis Clinic Nurse, and Standard Qualifications of the Syphilis Clinic Nurse.*

The Association of Syphilis Clinics is composed of 90 leading syphilologists in the City who meet periodically under the aegis of the Social Hygiene Committee for the purpose of evolving medical standards in syphilis clinics. Considerable work has already been done and definite results are evident in many of the clinics. Two well trained syphilologists are on part-time service with the Committee, visiting syphilis clinics throughout the City, conferring with clinic chiefs and administrators, and helping to build up definite standards in all phases relating to the treatment of syphilis patients.

An important aspect of work carried on during the year involved visiting the more important *serological laboratories* in the City. For this purpose the Committee had the part-time services of a professor in one of the medical schools. His findings were reported to the Social Hygiene Committee and to the Association of Syphilis Clinics. It is expected that out of this service will result greater accuracy in the laboratory diagnosis of syphilis.

Publications by members of the staff appeared in the *Journal of Social Hygiene* and in the *American Journal of Nursing*.

**National Defense:** The part-time services of the Secretary have been made available for collaboration with the American Social Hygiene Association in the study of social hygiene problems in defense industries and in communities in which such industries were located.

**New York City Department of Health, Bureau of Social Hygiene.—**  
A recent report says:

Treatment and diagnostic services for venereal disease totalled 17 in 1941 compared with 12 in 1937; diagnostic services only 4 in 1941 and 7 in 1937; 141 clinic sessions per week in 1941 compared with 130 in 1937. Treatment service is maintained for those unable to pay for treatment. Those able to pay are referred to private physicians or non-health department clinics. In 1941, 586 patients were referred to private physicians. Laboratory examinations performed during 1941 for patients of private physicians totalled: 10,474 serologic tests, 765 darkfields, 401 smears for gonorrhea, 235 spinal taps and 84 Frei tests. Number of physicians receiving anti-luetic drugs continued to increase in 1941. A total of 2,974 physicians received 13,108 allotments of drugs for the treatment of 9,720 patients.

Every registrant examined by the local selective service board was given a serologic test for syphilis. During 1941, 235,681 blood specimens were examined. From the inception of selective service in November, 1940 through February 28, 1942, a total of 305,574 specimens were examined for 293,379 individuals. Of these, 5,758 individuals were positive, or 2.0 per cent.

A serologic test for syphilis is required of all applicants for marriage. The number of tests performed in 1941 by health department and private laboratories was greater than in any previous year, a total of 187,688 with a percent positive of about 1.3. A serologic test for syphilis is required for all pregnant women. Information regarding the test is reported on the birth certificate. Transcripts of all birth records indicating a positive serologic test or bearing no information concerning such test are assigned for follow-up by the Bureau of Social Hygiene. In 1941, a total of 4,380 such births were investigated; 801 because of positive prenatal serology and 3,579 because no serology was reported.



Case finding and follow-up activities are carried on by four full-time epidemiologists and two male investigators and a staff of field nurses. Activities of the staff in 1941 included investigation of 679 births in which either positive or no serology was reported, follow-up of 354 selective service registrants, investigation of 201 newly reported communicable cases for sources and contact, and 107 miscellaneous investigations. During 1941, 3,951 physicians were contacted regarding venereal disease patients. Of these, 1,956 were in regard to case reporting, 1,301 for consultation and education, 156 to obtain sources of infection and contacts, 183 for permission to follow-up, 131 for correction of reported diagnosis and 224 for other reasons. In the course of these activities the medical epidemiologists and male investigators made 2,721 visits to patients' homes, 1,205 visits to physicians and 870 visits in behalf of patients. They interviewed 210 patients in clinics, made 3,636 telephone calls, and sent 1,855 letters.

Selective service registrants with positive blood reports or positive smears are referred by their local or preinduction board to a health department clinic for examination.

Local and city-wide pharmaceutical societies have cooperated fully with the Bureau of Social Hygiene in the distribution of pamphlets on syphilis and gonorrhea; in the display of posters, counter cards and window exhibits.

The metropolitan press has been cooperative in the publication of press releases from the Bureau of Social Hygiene, regarding its activities in the current intensive education effort. Medical publications have been liberal in their allotment of space to news of the Bureau's activities, of interest to the medical profession. Radio broadcasts on various social hygiene topics are given regularly over many of New York City's stations: WNYC, WBNX, WWRL, WARD, WLTH. The Bureau, wherever feasible, works through existing agencies and organizations; motion pictures, lecturers and pamphlets are supplied organizations requesting them. All local draft boards in New York City area distribute informative literature and display posters. Six hundred and forty-two lectures were arranged during 1941, reaching 45,780 people. Literature distributed totalled 1,091,900; also 344,636 stickers. Two different stickers are available for packages, letterheads, envelopes, circulars, etc. One carries the message "See your doctor, Be examined, Have a blood test." The other, of particular usefulness in the wartime venereal disease program, simply says "Be Fit." These stamps are in regular use by civilian defense agencies, unions and other organized groups, physicians and laboratories. Barber shops have been enlisted in the educational program. A special table display for these shops was designed by the Bureau and set up in hundreds of stores throughout the city, along with a supply of pamphlets. The Barbers' Association cooperated fully in this effort. A car card has been designed and is awaiting approval of the city authorities.

There are, of course, many industrial plants engaged in the production of war materials in the New York area. The Bureau has directed its effort towards educating the workers in defense industries, through plant film showings and lectures and through labor unions. Pamphlets are widely distributed. Close relations are maintained with the military and naval establishments in Greater New York. Intensive educational work is carried on with all branches of the armed forces. Films have been presented, pamphlets distributed, lectures given, posters displayed at all nearby locations including units of the New York State Guard, various armories, Brooklyn Naval Hospital; to all the men of the 372nd Infantry now stationed in various headquarters in the city; to men on board warships temporarily anchored in New York.

**Onondaga Health Association, Social Hygiene Committee, Syracuse.**—The year's work was focussed in the Social Hygiene Day luncheon on February 5, 1942. *Keep America Strong through the Prevention of Venereal Disease* was the timely subject of a talk by Dr. Jacob A. Goldberg, secretary of the Social Hygiene Committee of New York City. Sponsors of the meeting included the Council of

Social Agencies Health Division, the Defense Council of Syracuse and Onondaga County, the local medical societies, and the state and local health departments.

**Ontario County: Social Hygiene Committee, Ontario County Committee on Tuberculosis and Public Health, Geneva.**—As in other New York State communities, efforts are concentrated on health education in which newspapers and other publications assist, also radio stations WMBO and WHAM. Movies, lectures, literature and pamphlets are regularly used. A special project is being carried on through recreation and training especially for underprivileged boys' groups. The public health facilities are excellent and adequately supported, with a resulting low venereal disease rate.

**Orange County Health Association, Middletown.**—During the year the Association has conducted an active program of social hygiene education and cooperation with official and non-official agencies in the county. The executive secretary, Miss Helen E. Watkins, has joined the staff of the State Committee on Tuberculosis and Public Health as Field Adviser, and has been succeeded by Miss Grace Cole.

**Queens County: Queensboro Tuberculosis and Health Association.**—Social hygiene educational program has been sponsored through talks and moving picture exhibitions to professional and non-professional groups including the clergy, church and young people's associations and women's organizations, medical and dental societies, fraternal orders and government housing projects. Teaching exhibits, literature distribution, advertising, newspaper publicity, radio programs, panel discussions, health forums and study clubs were other media used.

The Committee's activities constitute the first organized attempt by a voluntary health agency of Queens to highlight the social disease problem. The field is deemed to have future possibilities on a wide scale, and work will continue in extended form, with special attention to war influences. During the coming year, the program will give special emphasis to work with adolescents.

The year's program included a series of lectures on sex education by Dr. Valeria H. Parker for physicians, a three-day social hygiene meeting at the Corona Health Center, and other special programs.

**Rensselaer County Tuberculosis and Public Health Association, Troy.**—One unique feature of the *Social Hygiene Day* observance has been the joint sponsorship by the service clubs (Rotary, Kiwanis, and Lions). Each year for the past five years one of these organizations has opened one of their February meetings to guests.

Outstanding speakers on social hygiene have been provided by the Social Hygiene Committee of the Rensselaer County Tuberculosis and Public Health Association. This cooperation insures a basic audience of representative citizens in all types of business and professions.

The Social Hygiene Committee has provided speakers, motion pictures and literature for club and other groups throughout the county each year.

One group of young people reached with an educational program has been the N.Y.A. The program has included, through a cooperative arrangement with the City Syphilologist, having each youth Wassermann-tested. Happily in the four or five years, this program has been conducted no positive Wassermann has been found.

**Saratoga County: Social Hygiene Committee, Saratoga County Tuberculosis and Public Health Association, Saratoga Springs.**—Social hygiene films have been shown to 13 groups comprising more than 1,800 persons, during the past year; 300 persons attended public meetings addressed by various speakers. Youth groups for whom educational materials have been provided are: NYA, YWCA, schools, and scouts. The newspapers and radio stations WGN and WTRY may be counted on to help. There are no army or navy establishments, nor any war or other industries plants. Public health facilities for caring for venereal disease are adequate, and the pharmaceutical associations are active in the campaign against quackery.

**Schuyler County Tuberculosis and Health Association, Watkins Glen.**—A new portable talking picture projector has been purchased which will facilitate the showing of social hygiene films in this very small rural county. Social hygiene materials of the A.S.H.A. are distributed to schools and to public groups in the county.

**Sullivan County Health Association, Monticello.**—"Social hygiene information is correlated with our program for the eradication of tuberculosis. Educational materials of the Federal Government, State Health Department, and A.S.H.A. are widely distributed. Social Hygiene Day is observed."

**Tioga County Tuberculosis and Public Health Committee, Owego.**—A new executive secretary, Mrs. Lois S. Goodwin, widely experienced in the field of Home Bureau organization and cooperation, has been employed to succeed Miss Ruth Williams, who is now executive secretary of the Herkimer County Association. Mrs. Goodwin is well qualified to continue social hygiene educational activities.

**Ulster County Tuberculosis and Health Association, Social Hygiene Committee, Kingston.**—A special effort by the Association during the month of February helped organizations plan programs, secure speakers, get pamphlets and books for Social Hygiene Day observances. In March, the Social Hygiene Committee held a round table discussion with Professor Mark Entorf on *Family Relations*, with representatives invited from parents, teachers, youth groups, other groups and the general public.

**Westchester Tuberculosis and Public Health Association, White Plains.**—Social hygiene activities are carried on along with general health education activities by the Health Education Committee. Films are used, and most of the latest social hygiene films are available from the Association collection.

**Wyoming County Committee on Tuberculosis and Public Health, Warsaw.**—"We have joined forces with a similar committee in adjacent Genesee County to promote control of tuberculosis and venereal diseases. A portable talking picture projector is available for all types of meetings in this county and materials of the A.S.H.A. are widely distributed."

**Yonkers Tuberculosis and Health Association.**—Several thousand copies of social hygiene literature were distributed and other materials were supplied to larger industries for their employees. The health library also arranged distribution of literature, posters, etc., to many other groups and individuals. Motion pictures were part of the educational program. No special social hygiene meetings were held, since health and welfare leaders joined in the Regional Conference on Social Hygiene in New York City. Mrs. Marie F. Kirwan, Executive Secretary, who is also State Welfare and Health Chairman of the State Federation of Women's Clubs, arranged talks on social hygiene and what the clubs could do to help before the State Federation annual meeting, and mid-winter board meeting.

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Since A.S.H.A. national headquarters are in New York City, naturally the staff and officers are active in local efforts as well in the state-wide program. Frequent conference and constant cooperation through the past decade with the staff of the State Tuberculosis and Health Committee, State Department of Health, and the New York City, Brooklyn and Queensboro Tuberculosis and Health Association and the New York City Department of Health, have built up a strong and extensive network of community work both in the metropolitan area and throughout the state. Since the war emergency began this conference plan has been extended to include frequent council between Army, Navy, Public Health Service and Social Protection Section representatives stationed in New York, and local police and law-enforcement authorities so that interchange of views and information may advance a concerted program in every way possible. Dr. Clarke is serving as a member of the New York City Welfare Council Committee to study city-wide prostitution conditions, on which a special report was recently issued with recommendations for considerable change in law-enforcement methods.

The A.S.H.A. is one of the 114 sponsoring agencies for the annual New York Regional Conference described above, and Dr. Snow serves as the chairman for the committee in charge of this event.

The brief statements included in this summary necessarily give a restricted account of activities in Upstate New York. For instance, in Rochester, which is not represented here by any special report, some of the most outstanding educational work of the past year has been done, by the Monroe County Tuberculosis and Health Association. Included was a campaign for education regarding gonorrhea and several institute meetings for instruction of health and social workers, as well as a successful Social Hygiene Day meeting. Dr. Storey has been a several-times visitor to Rochester and other Upstate cities, and Mr. Gould, Mr. Stenek, Miss Pinney and others of the staff have also visited Albany, Troy and other points.

# Journal of Social Hygiene

Social Hygiene in Wartime. I.  
The Program in Action in the States and Communities. Part III.

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# Journal of Social Hygiene

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JUNE, 1942

NO. 6

## Social Hygiene in Wartime. I.

### The Program in Action in the States and Communities. Part III.

(For Parts I and II see April and May issues.)

#### NORTH CAROLINA

Population  
Urban 974,175  
Rural 2,597,448  

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3,571,623

Population rank among states 11  
A.S.H.A. members in state 47

#### Social Hygiene Societies and Committees

Charlotte: Social Hygiene Committee, Council of Social Agencies, *Chairman*, Miss Dorothea Dolan, 121 E. Third Street.  
Snow Hill: Kinston Social Hygiene Committee: *Secretary*, Mrs. Selma S. Jones.

#### Other Voluntary Agencies

American Legion: *Department Adjutant*, J. M. Caldwell, Box 2478, Raleigh.  
Civitan International: *District Governor*, Carolinas District, A. R. Wilson, Depositors Bank Bldg., Durham.  
Kiwanis International: \*  
Lions International: \*  
Medical Society of the State of North Carolina: *President*, Donald B. Cobb, M.D., Goldsboro; *Secretary*, Roscoe D. McMillan, M.D., P. O. Box 232, Red Spring.  
North Carolina Conference for Social Service: *Secretary*, James T. Barnes, 109-110 Health Bldg., Raleigh.  
North Carolina Congress of Parents and Teachers: *President*, Mrs. J. S. Blair, Elizabethtown; *Social Hygiene Chairman*, Mrs. Mark McAdams, Elkin.  
North Carolina Federation of Women's Clubs: *Chairman Public Welfare*, Mrs. C. W. Beasley, Colerain.  
North Carolina Nurses Association: *Executive Secretary*, Mrs. Marie B. Noell, 415 Commercial Bldg., Raleigh; *Chairman*, Public Health Nursing Section, Idell Buchan, Northampton County Health Dept., Jackson.  
North Carolina Tuberculosis Association: *Managing Director*, Frank W. Webster, 406 Nissen Bldg., Winston-Salem.  
North Carolina Junior Chamber of Commerce: *President*, Basil Whitener, Box 447, Gastonia.  
North Carolina Woman's Christian Temperance Union: *President*, Mrs. L. E. Brown, Box 116, Waxhaw.  
Rotary International: \*  
United Service Organizations, Region IV: See Virginia.

\* See page 239 for national headquarters.

### Official Agencies

**Department of Conservation and Development:** *Industrial Engineer*, J. T. Anderson, Raleigh.

**National Youth Administration, Region IV:** See West Virginia.

**North Carolina State Board of Charities and Public Welfare:** *Commissioner*, Mrs. W. T. Bost, Raleigh.

**North Carolina State Council for National Defense:** *Director*, Ben E. Douglas, Faircloth Hall, East Edenton St., P. O. Box 97, Raleigh.

**North Carolina State Department of Education:** *Superintendent of Public Instruction*, Clyde A. Erwin, Raleigh; *Adviser*, Health and Physical Education, Thomas I. Hines; *Director*, Division of Negro Education, N. C. Newbold.

**North Carolina State Board of Health:** *State Health Officer*, Carl V. Reynolds, M.D., Raleigh; *Director*, Venereal Disease Control, Ralph J. Sykes, M.D.

### Clinics or Cooperating Clinicians at:

Acme, Addor, Ahoskie, Albemarle, Andrews, Apex, Arden, Asheboro, Asheville (2), Atkinson, Avention, Ayden Bachelor, Badin, Bailey, Battleboro, Beaufort, Belhaven, Belmont, Benson, Bessemer City, Bethel (2), Beulaville, Black Mountain, Bladenboro, Boone, Boonville, Brevard, Bridgeton, Bryson City, Burgaw, Burlington, Burnsville, Cairo, Calypso, Cameron, Candler, Canton, Carthage, Cason's Old Field, Cedar Hills, Chadbourn, Chapel Hill, Charlotte (3), Cherokee, Cherryville, China Grove, Chinquapin, Clarkton, Clayton, Cleveland, Cliffside, Clinton, Colerain, Columbia, Columbus, Como, Concord, Coolemees, Cove City, Cox-Bennett, Creedmoor, Creswell, Cross Roads, Currituck, Davidson, Deep Creek, Dobson, Dover, Dunn, Durham (5), Edenton (2), Elizabeth City, Elizabethtown, Elkin, Ellerbe, Elm City, Elm Grove, Enfield, Englehard, Fairmont, Faison, Falling Creek, Farmville, Fayetteville, Forest City, Fort Barnwell, Franklin, Fremont, Fuquay Springs, Garland, Garriss Grove, Gaston, Gastonia, Gatesville, Goldsboro (4), Gowers, Graham, Graingers, Grandy, Granite Falls, Green Hill, Greensboro, Greenville, Halifax, Hamlet, Hanes, Harrellsville, Havelock (3), Hayesville, Henderson (2), Hickory, High Point, Hillsboro, Hoffman, Hookerton, Hope Mills, Horne School, Hoskins, Hugo, Huntersville, Institute, Jackson (2), Jacksonville, Jamesville, Jefferson, Kannapolis,, Kelford, Kenansville (2), Kenly, Kernersville, Kerr, King, Kings Mountain, Kinston (5), Kittrell, LaGrange, Laurinburg, Lawndale, Leaksville, Leggett, Lenoir, Lexington, Liberty, Lilesville, Lillington, Lincolnton, Littleton, Long Pine, Louisburg, Lumberton, McFarland, Maiden, Manteo, Marshville, Matthews, Maxton, Mayodan, Mebane, Middlesex, Mint Hill, Mocksville, Monroe, Morganton, Moven, Mt. Airy, Mount Holly, Mount Olive, Mount Pleasant, Murfreesboro, Murphy, Nashville, New Bern (3), Newland, Newton, North Harlow (2), North Wadesboro, Norwood, Oxford, Pee Dee, Pembroke, Pendleton, Pilot Mountain, Pinehurst, Pinetops, Pineville, Pineywood School, Pink Hill, Pittsboro, Plymouth, Polkton, Poplar Hill C. H., Raleigh (2), Ramseur, Red Hill School, Red Springs, Reidsville, Rhems, Richlands, Rich Square, Roanoke Rapids, Robbinsville, Robersonville, Rockingham, Rocky Ford C. H., Rocky Mount, Roseboro, Rosehill, Rowland, Roxboro, Rural Hall, Rutherford College, Rutherfordton, St. Pauls, Salisbury (2), Sanford, Saxapahaw, Scotland Neck, Seaboard, Sharpsburg, Shelby, Siler City, Smithfield (2), Snow Hill, Southport, Sparta, Speed, Spring Hope, Stanley, Stantonsburg, Statesville, Stedman, Stovall, Sunbury, Swan Quarter, Sylva, Tabor City, Tarboro, Thomasville, Traphill, Troy, Tryon, Vanceboro, Wadesboro (2), Wake Forest, Wallace, Walnut Cove, Walstonburg, Warsaw, Washington, Waxhaw, Waynesville, Weaverville, Weldon, Wendell, West Southern Pines, Whitakers (2), White Store, Whiteville, Wilkesboro, Williamston, Wilmington, Wilson, Windsor, Winston-Salem (4), Winton, Yadkinville, Zebulon.

**Social Protection Section, Office of Defense Health and Welfare Services, Region IV:** See District of Columbia.

**U. S. Army, Fourth Corps Area:** See Georgia.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, I. O. Schaub, *State Home Demonstration Leader*, Ruth A. Current, State College Station, Raleigh.

**U. S. Navy, Fifth District, Northern North Carolina:** See Virginia. **Southern North Carolina, Sixth District:** The Commandant, Headquarters, Charleston.



**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Dr. Alphonso Henningburg; North Carolina College for Negroes; Charles E. Rush, University of North Carolina, Chapel Hill.

**U. S. Public Health Service:** *State Venereal Disease Control Consultants*, Assistant Surgeon C. L. Williams, Jr., P. A. Surgeon Robert D. Wright, State Department of Health, Raleigh. For *Director*, District II, see Maryland; for *Liaison Officer*, Fourth Army Corps Area, see Georgia..

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. May E. Campbell, Jones and McDowell Streets, Raleigh.

**North Carolina State Board of Health, Raleigh.**—"The venereal disease control program in North Carolina has been expanded considerably during the past year. Due to the influx of many national defense workers around the military camps and the workers around the industrial plants, it has been necessary to enlarge the venereal disease control program. To meet the need created by the national emergency, additional venereal disease control units have been set up in the local health departments in the defense areas. Trained public health educational workers have been assigned to these areas to organize the civilian population into groups to study the health problems arising because of the influx of industrial workers and the expansion of military facilities. During the past year 1st Army maneuvers were held in eight counties in North Carolina and in eight counties in South Carolina. Venereal disease control workers were called from other parts of this State and assigned to the maneuver area to aid in the control of the venereal diseases and prostitution during this period.

**Medical and Public Health Measures:** We have 306 venereal disease clinics each week holding 404 clinic sessions. This takes care of approximately 93% of the population of the State. Our public health departments carry on a complete program and at the present time the appropriation for venereal disease control is adequate and the public renders good support. The venereal disease control program places stress on the infectious and potentially infectious venereal disease cases and especially the contacts of the above cases. Local pharmaceutical societies are cooperating about the same in this state as in other states.

**Health Education and Public Information:** Newspapers and other publications cooperate well with our informational representative. The Board is allotted 15 minutes each week by Radio Station WPTF in Raleigh. Many of the smaller stations throughout the State allot the local health departments the same amount of time for educational work. Board carries on an educational program through the local health departments and by the distribution of literature to lay and scientific groups.

**Legal and Protective Measures:** North Carolina has a model prostitution law. The health departments cooperate with the local law enforcement agencies in the suppression of prostitution but it is up to the law enforcement agencies to enforce the law concerning prostitution. The State has provided a place to take care of prostitutes who have been sentenced for as much as six months. A rehabilitation program is carried on at the Women's Division of Central Prison where prostitutes are sent but this program is not classed as adequate.

The 1939 Session of the North Carolina General Assembly passed a law requiring premarital examination of men and women and prenatal examination of women for syphilis. The church and family welfare groups actively support the foregoing laws.

**Education for Marriage and Family Life:** Duke University and the University of North Carolina give courses in training for marriage and parenthood and the churches occasionally give short courses along this same line.

**National Defense and War Activities:** An educational program is being carried on in all defense areas and in areas where war materials are being produced.

Industrial workers are required to have a blood test. Employees are given the same advice concerning gonorrhea and syphilis.

In military areas additional personnel have been added and an educational program is being carried on to assist in protecting military personnel. Additional venereal disease personnel have been added to all the health departments in the State to assist in following up the infected selective service personnel and to assist in the educational work to protect the youth of North Carolina."

The A.S.H.A. staff, especially Mr. Johnson and others of the legal-protective staff, have given special cooperation to health officials and law enforcement authorities in North Carolina.

## NORTH DAKOTA

<i>Population</i>		<i>Population rank among states</i>	<b>39</b>
<i>Urban</i>	131,923	<i>A.S.H.A. members in state</i>	<b>7</b>
<i>Rural</i>	510,012		
	<hr/> 641,935		

### *Social Hygiene Societies and Committees*

None.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, Jack Williams, 13 S. Broadway, Fargo.

**Kiwanis International:**\*

**Lions International:**\*

**North Dakota Anti-Tuberculosis Association, Inc.:** *Executive Secretary*, Helen K. Katen, 21 Dakota National Bank Bldg., Bismarek.

**North Dakota Congress of Parents and Teachers:** *President*, Mrs. G. R. Horton, Box 1217, Jamestown; *Social Hygiene Chairman*, William Roemmich, State Department of Health, Bismarek.

**North Dakota Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. J. A. Frank, LaMoure.

**North Dakota Junior Chamber of Commerce:** *President*, George Platt, Fargo.

**North Dakota Nurses Association:** *Secretary*, Iryne Berg, St. Luke's Hospital, Fargo; *Chairman*, Public Health Nursing Section, Mrs. Grace Schei, Rolla.

**North Dakota State Medical Association:** *President*, A. R. Sorenson, M.D., Minot; *Secretary*, L. W. Larson, M.D., 221 Fifth Street, Bismarek.

**Rotary International:**\*

**United Service Organizations, Region VIII.** See Illinois.

### *Official Agencies*

**National Youth Administration, Region VIII.** See Minnesota.

**North Dakota State Defense Council:** *Vice-chairman and Executive Officer*, Brig. Gen. L. R. Baird, Bismarek.

**North Dakota State Department of Education:** *Superintendent of Public Instruction*, A. E. Thompson, Bismarek.

**United Service Organizations, Region X:** See Texas and Oklahoma.

**North Dakota State Department of Health:** *Acting State Health Officer and Director*, Division of Preventable Diseases, Frank J. Hill, M.D., Bismarek.

*Clinics or Cooperating Clinicians at:*  
Grand Forks.†

**North Dakota State Public Welfare Board:** *Executive Director*, E. A. Wilson, Bismarek.

\* See page 239 for national headquarters.

† In addition to the clinic listed, the addresses of physicians giving treatment for venereal diseases under the state plan may be obtained from state, county and municipal officers.

**North Dakota Woman's Christian Temperance Union:** Headquarters, 1421 7th St., S., Fargo. *In charge*, Mrs. Alberta W. Lundhagen; *President*, Mrs. Bessie M. Darling, 231 Conklin Ave., Grand Forks.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VIII:** See Minnesota.

**U. S. Army, Seventh Corps Area:** See Nebraska.

**U. S. Department of Agriculture, Extension Service:** *State Extension Directors*, E. J. Haslerud; *State Home Demonstration Leader*, Grace DeLong, North Dakota Agricultural College, State College Station, Fargo.

**U. S. Navy, Ninth District:** See Illinois.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Pres. Frank L. Eversull, North Dakota Agricultural College, State College Station, Fargo; Dr. Richard Beck, University of North Dakota, Grand Forks.

**U. S. Public Health Service:** For *Director*, District VII, see Missouri; for *Liaison Officer*, Seventh Army Corps Area, see Nebraska.

**Work Projects Administration:** *State Director of Community Service Program*, Genevieve Parsons, Bismarck.

**North Dakota State Department of Health, Bismarck.**—During 1941, there were reported to the State Department of Health 368 new cases of syphilis and 492 of gonorrhea. The department provides free to physicians laboratory diagnostic service, and for the treatment of all reported cases regardless of financial status, anti-syphilitic drugs and drugs for gonorrhea.

Nine thousand ninety-nine specimens were examined for marriage licenses. Forty-two individuals were found to have positive serology. For Selective Service, 13,596 specimens were examined with 49 individuals having positive serology.

Approximately 500 private physicians and one clinic are served by the State Department of Health. Over 41,000 pamphlets, bulletins, and other publications were distributed to the general public for educational purposes, and over 43,000 to the professional groups.

Training for 30 physicians was provided at the University of Minnesota Continuation Center for one week.

The Pharmaceutical Association at its annual meeting in Jamestown considered the subject of quackery. Educational posters and pamphlets distributed by the State Health Department were displayed throughout the state by pharmacists. The Department also provides visual education materials and speakers to any group or community requesting them. Newspapers and radio stations cooperate in educational efforts.

North Dakota is one of the states with the most adequate laws for the repression of commercialized prostitution. Enforcement has markedly improved during the past year.

## OHIO

*Population*  
*Urban* 4,612,986  
*Rural* 2,294,626  
 6,907,612

*Population rank among states* 4  
*A.S.H.A. members in state* 305

### Social Hygiene Societies and Committees

#### Akron:

**Akron Social Hygiene Society:** *Secretary*, Mrs. C. H. Smith, 555 Garry Road.  
**Ohio Universalist Convention:** *President*, Dr. George Cross Baner, First Universalist Church.

**Cincinnati:**

**Cincinnati Social Hygiene Society:** *President*, Carl A. Wilzbach, M.D.; *Executive Secretary*, Roy E. Dickerson, 312 West 9th Street.

**Cincinnati Committee on Social Hygiene Day:** *Honorary Chairman*, Governor John W. Bricker; *Chairman*, Charles P. Taft; *Honorary Vice-Chairman*, R. H. Markwith, M.D.; *Vice-Chairman*, Carl A. Wilzbach, M.D.; *Secretary*, Roy E. Dickerson, 312 West Ninth Street.

**Cleveland:**

**Joint Social Hygiene Committee, Health Council and Cleveland Academy of Medicine:** *Secretary*, Robert N. Hoyt, 1001 Huron Road.

**Family Health Association:** *Director*, Etta Creech, 2525 Euclid Avenue.

**Columbus: Ohio Council of Churches—Women's Department:** *Secretary*, Mrs. Ruth M. Worrell, 44 East Broad Street.

**Dayton Social Hygiene Association:** *Executive Secretary*, Mrs. Florence J. Sands, Y.W.C.A. Bldg., Third and Wilkinson Streets.

**Hamilton: Commission on Syphilis:** *Chairman*, C. J. Baldridge, M.D., City Bldg.

**Massillon Social Hygiene Council:** *Secretary*, Joseph L. Schlosser, Department of Health, City Hall.

**Toledo Social Hygiene Council:** *President*, Mrs. H. C. Whitehorne, 4225 Kingsbury Avenue.

**Youngstown Social Hygiene Association:** *President*, Paul H. Luce, 67 Como Avenue, Struthers.

**Other Voluntary Agencies**

**American Legion:** *Department Adjutant*, J. J. Saslavsky, 145 N. High St., Columbus.

**Kiwanis International:\***

**Lions International:\***

**Ohio Congress of Parents and Teachers:** *President*, Mrs. C. Tracy LaCost, 2515 Glenwood Ave., Toledo; *Social Hygiene Chairman*, Ann L. Buntin-Becker, M.D., 6769 Field House Way, Mariemont.

**Ohio Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Louis H. Freschling, RR 5, Hamilton.

**Ohio Junior Chamber of Commerce:** *President*, Francis H. Lang, Box 103, East Liverpool.

**Ohio Nurses Association:** *General Secretary*, Mrs. E. P. August, 50 East Broad Street, Columbus; *Chairman*, Public Health Nursing Section, Mary I. Brene-man, 283 Brevoort Road, Columbus.

**Ohio Public Health Association:** *Executive Secretary*, Robert G. Patterson, 1575 Neil Ave., Columbus.

**Ohio State Medical Association:** *President*, E. J. Cormick, M.D., Toledo; *Secretary*, C. S. Nelson, 79 East State Street, Columbus.

**Ohio Welfare Conference:** *Executive Secretary*, Hannah L. Protzman, State Office Bldg., Columbus.

**Rotary International:\***

**United Service Organizations, Region V:** See Illinois.

**Official Agencies**

**National Youth Administration, Region V:** *Regional Director of Youth Personnel*, Ed. H. Terry, Hoster Bldg., Columbus.

**Ohio Department of Education:** *Director of Education*, E. N. Dietrich, Columbus; *Supervisor*, Health and Narcotics, Howard E. Hamlin.

**Ohio State Council of Defense:** *Executive Director*, Courtney Burton, 101 N. High St., Columbus.

**Ohio State Department of Health:** *Director of Health*, Roll H. Markwith, M.D., Columbus; *Acting Assistant Chief*, Bureau of Venereal Disease, Neal D. Carter, M.D.

**Clinics or Cooperating Clinicians at:**

Addyston, Akron (3), Alliance, Bellaire, Bellefontaine, Canton, Chillicothe (2), Cincinnati (17), Cleveland (11), Columbus (6), Dayton, East Akron, East Cleveland, East Liverpool, Hamilton, Ironton, Lakewood, Lancaster, Lima, Logan, McArthur, Mansfield, Marion, Middletown, Norwalk, Oxford, Pomeroy,

\* See page 239 for national headquarters.

Port Clinton, Portsmouth, St. Clairsville, Sandusky, Sidney, Springfield, Toledo (2), Troy, Warren (2), Waverly, Xenia, Youngstown, Zanesville.

**Ohio State Department of Public Welfare:** *Director*, Charles L. Sherwood, Columbus.

**Ohio Woman's Christian Temperance Union:** *Headquarters*, 1444 E. Broad St., Columbus. *President*, Miss Mary B. Ervin.

**Social Protection Section, Office of Defense Health and Welfare Services, Region V:** *Supervisor*, David E. Meek; *Representatives*, Irving K. Furst, Spencer Fullerton, Euclid Ave. and 9th Street, Cleveland.

**U. S. Army, Fifth Corps Area:** *Headquarters*, Fort Hayes, Columbus.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. C. Ramsower; *State Home Demonstration Leader*, Minnie Price, College of Agriculture, Ohio State University, Columbus.

**U. S. Navy, Ninth District:** See Illinois.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Earl N. Manchester, Ohio State University, Columbus; Dean E. A. Hanson, Ohio University, Athens; Elsie Henningar, University of Akron; Mrs. Fern Luther, University of Cincinnati; Lucille B. Emch, University of Toledo; Russell Munn, 325 Superior Avenue, Western Reserve University, Cleveland.

**U. S. Public Health Service:** For *Director*, District III, see Illinois; *Liaison Officer*, *Fifth Army Corps Area*, Senior Surgeon F. V. Meriwether, Fort Hayes, Columbus.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Ruth P. Neighbors, 8 East Chestnut Street, Columbus.

**State Department of Health, Columbus.**—"The Ohio program of venereal disease control is 'long range' in intent and application with the exception of special measures for defense areas and special provision for the treatment of Selective Service registrants deferred because of syphilis.

Local health districts assume the responsibility for studying and solving their own peculiar problems so that, when the inevitable decrease in funds from central sources comes about, they will be in a position to carry on effectively. The policy of the Department in venereal disease control is to furnish consultation, supervision and financial aid to local health districts, without taking direct action except in emergency.

This policy is based upon the fact that, in a state with such varied community life as exists in Ohio, no unified central action would be competent to solve the varied problems which are peculiar to the different localities.

Important information not included elsewhere in this report is as follows:

The medical personnel of the Department analyze special treatment problems for private practitioners; advise local health commissioners in regard to medical personnel and supervise the installation, maintenance and administration of clinics.

Close check is kept upon care and follow-up in cases of gonorrheal ophthalmia; field nursing consultants teach and instruct the local public health nurses in the care and epidemiology of every case.

A study is being made of ways and means for the hospitalization of early neurosyphilitics who will receive fever treatment combined with chemotherapy. This plan will be in operation as soon as arrangements can be completed.

This entire program is conducted in cooperation with the United States Public Health Service.

*Medical and Public Health Measures:* Facilities for finding and treating cases of gonorrhea have been doubled but they are not equal to the need created by present conditions.

The Ohio Department of Health has established a complete program and it is receiving adequate appropriations and public support. Financial assistance is extended to local health districts, as the need is demonstrated, by paying the salaries of additional public health nurses, clerks and medical personnel, and furnishing expendable supplies. A fee pay plan is in operation for private practitioners which covers the treatment of all communicable or potentially communicable syphilis in individuals who otherwise could not obtain it. Drugs are furnished physicians free of charge for the treatment of venereal disease in individuals who otherwise would go untreated (this includes sulfathiazole for use in gonorrheal infections). The laboratory furnishes services to all physicians who require its facilities for the proper care of individuals who could not otherwise secure the needed laboratory work; examines all Selective Service registrant blood specimens taken in Ohio; and assists in special epidemiological studies such as blood testing programs in industry. A plan for the hospitalization in local health districts, of infectious cases of venereal disease in individuals who cannot otherwise be properly isolated, is in preparation and will shortly be in operation.

Field Nursing Consultants regularly visit the local health districts; monthly meetings are held in the Ohio Department of Health for state and local supervising nurses; analyses of special problems are made by the Chief of the Nursing Division and her staff of specialized nurses; in follow-up work local health districts are encouraged to extend to private practitioners local public health nursing personnel who act as the personal representatives of such practitioners.

State and local pharmaceutical societies are cooperating fully in the campaign against quackery.

*Health Education and Public Information:* Newspapers and other publications now cooperate fully in the campaign against the venereal diseases. Radio stations are likewise cooperative in the majority of cases. The more important Ohio stations are: WLW, WCOL, WTAM, WADC, WHBC, WICA, WHIO, WFIN, WLOK, WMRN, WPAY, WIZE, WSTV, WTOL, WIRN, WFMJ, WHIZ, WNAN. There are approximately 100 radio stations in Ohio.

Two lecturers, a man and a woman, are continuously engaged in advising lay groups, particularly high school students, with regard to problems of adjustment between the sexes and venereal disease. Educational literature is distributed and films are exhibited upon requisition through the local health commissioner.

*Legal and Protective Measures:* Measures available for repression of commercialized prostitution are sufficient if proper enforcement is used. Special encouragement for local officials is being provided at this time.

It is the practice of the Department to advise local health districts to refer women and girls, who have been engaged in prostitution and are now free of disease, to Social Protection Section of the Federal Security Agency.

The Ohio Premarital Law requiring a serological and clinical examination for syphilis before marriage was passed in 1941. Church and family welfare groups actively support and participate in securing effective enforcement of all these laws and ordinances.

*Education for Marriage and Family Life:* Though there is no concerted program throughout the State for sex instruction or training for marriage and parenthood through the Division of Education of the Ohio Department of Health an appreciation of its need is growing.

*National Defense and War Activities:* Ohio contains many concentrations of armed forces and defense workers. A well balanced program of venereal disease

control is included in the Industrial Health program. Under this program individuals with venereal disease are handled no differently than those with any other infectious or contagious disease. Individuals found infected are directed to take treatment and are assisted when necessary. Local health districts are being assisted with projects for control of venereal disease in defense industry areas.

There are a number of military establishments in Ohio, and action has been taken to protect them suitably. Houses of prostitution are being rapidly eliminated. Trailer prostitutes are being harried by local officers and State Police. Follow-up work of reported contacts and geographical locations associated with reports of acquired infection is rapidly expanding through cooperating local health districts.

The public health nurses throughout the State are encouraged to undertake guidance of youth in working out problems associated with adjustment between the sexes—problems which have tremendously multiplied because of our war effort.”

**Cincinnati Social Hygiene Society.**—The twenty-fourth annual report for the year ending June, 1941, says: “The year just passed has been no exception to that of previous years. It has been packed with achievements in difficult fields of endeavor.

To assist in national defense, the Society has dealt with the control of venereal disease and prostitution. With the cooperation of Army officials, the Cincinnati Police and the Cincinnati Health Department, our city is a relatively safe place for the soldier.

Again the Society was active in the field of education, urging a better understanding of the place of sex in normal life. Lectures for boys and girls, young men and young women were given, pointing out the glorious truths of growing into manhood and womanhood. Lectures were given in education for marriage and efforts were made to bring out the normal, happy relations that should exist when couples are happily mated. Lectures were given on venereal disease, pointing out the simple facts about syphilis and gonorrhea. Films were used, printed literature was distributed, books were lent, articles were carried in the newspapers and opportunities for consultation were given to ninety-five young men and women who were puzzled with problems concerned with biological questions. In a world which has discredited and degraded the word “sex,” it has not always been easy to carry on this constructive program. All too often these efforts have been misunderstood and criticized, but in spite of all of these handicaps, the Society has had a most successful year.

In April the Society lost the services of Dr. Richard W. Weiser, who, as Captain in the Medical Reserve was one of the first to be called to active duty. During the year Dr. Weiser was ably assisted by Mrs. Genevieve Jessup Taylor, who, in addition to her lecture and other services, contributed twelve magazine articles and a great number of “social hygiene stories” for the newspapers. The office and secretarial work has been efficiently performed by Mrs. H. S. Frederic. Mrs. Eleanor Holmes has cooperated with the Society in carrying on the program for the control of syphilis in industry.

Dr. William S. Keller served as Acting Executive Secretary until a successor to Dr. Weiser was secured in Roy E. Dickerson, who became Executive Secretary, beginning October 1st, 1941.

The following summary gives a picture of the *volume* of certain activities of your Social Hygiene Society. But figures are notoriously limited in their uses—they cannot measure the *value* of the services the Society has given the community, state and nation. Some of its biggest accomplishments, in these days of planning and working for national defense, cannot be dealt with statistically at all.

Lectures:	238	Literature distributed:	9,741
Film Showings:	10	Publicity articles:	200
Total Attendance:	12,133	Column inches:	905
Books lent:	532	Magazine articles:	12

The Society was gratified at the passage of the premarital examination law, for which it had worked many years.

A new group of "customers" were found for our parent-education service, when for the first time courses on sex education were offered to the entire clientele of a social service agency, the Aid to Dependent Children.

The Society's Committee for the Control of Syphilis in Industry continued its program, which has received national recognition for its outstanding achievements. Since 1938, when this work was begun, 45,955 employees of 145 Cincinnati firms have been blood-tested for syphilis, records showing 3.9 infected. (See February, 1942, JOURNAL OF SOCIAL HYGIENE, pp. 91-93.)

Outstanding event of 1942 so far was the Regional Conference held on Sixth National Social Hygiene Day, February 4th, 1942, on the subject *Social Hygiene in Wartime*, with national sponsorship of the American Social Hygiene Association, the United States Public Health Service and the Social Protection Section. A notable group of speakers participated in a program which stressed Cincinnati's progress in the industrial campaign, and which drew a record-breaking audience of 3,000 persons to the Hotel Gibson. High point of the program was the presentation of Honorary Life Membership in the American Social Hygiene Association to Dr. Elizabeth Campbell by Dr. William S. Keller, both social hygiene pioneers. The occasion was also Dr. Campbell's eightieth birthday. Local sponsorship for the Conference was provided by 42 agencies and a Committee on Social Hygiene Day whose Chairman was Charles P. Taft, Assistant Director of Defense Health and Welfare Services, with the Honorable John W. Bricker, Governor of Ohio, as Honorary Chairman.

**Cleveland: Family Health Association.**—This organization assumes responsibility for social hygiene education in Cleveland. In 1941 the instructors reached over 6,000 adolescent boys and girls in class sessions where educational work was requested. Most of this instruction was given in junior and senior high schools at the request of teachers who felt the need of help in dealing with this subject.

A social hygiene course at Cleveland College, which offers 3 hours of credit, is taught by a Family Health Association instructor each semester. This course usually enrolls about 50 students a year, many of whom are public school teachers. Special courses are designed and offered to group leaders and social workers. Young peoples' groups request from this organization leadership in discussions of boy-girl relationships, preparation for marriage, and other youth problems in the field of health and relationships. In parent groups such as mothers' clubs and parent-teacher associations, instruction and guidance in sex education of children and problems of the adolescent are given by the Family Health Association staff. Individual counseling becomes indirectly one of the organization's functions, since this need is a natural outgrowth of group teaching. The primary purpose of the agency is health education and parent education and its instructors have wide teaching experience in these fields. Social hygiene pamphlets and other literature are available at the Association headquarters for distribution or reference, as well as posters and other visual teaching aids. F.H.A. cooperated with Cleveland Health Museum in preparing a special social hygiene exhibit at the Museum during February, 1942, and in sponsoring an institute on social hygiene. The Association cooperates in every way possible with the Joint Social Hygiene Committee of the Cleveland Health Council and Academy of Medicine in their program of venereal disease control, and they refer to F.H.A. all requests in the educational field. The agency works in close relationship with other health and social agencies.



**Cleveland: Joint Social Hygiene Committee** (of the Academy of Medicine and the Cleveland Health Council).—The year 1941 was the first year of operation of a new infectious syphilis clinic, which was established by the Cleveland Division of Health upon recommendation by the Joint Social Hygiene Committee. One hundred pregnant women and cases of early syphilis were treated.

The Committee made a survey of the number of cases of syphilis under treatment during March, 1941, and found it to be less than for the same month of any of the three previous years.

*In Defense of the Nation and Plain Facts*, the A.S.H.A. films, were purchased and loaned to the Cleveland Health Museum. Talks on the control of venereal diseases were given by the Committee's Secretary to 30 groups of college students, nurses, parent-teacher associations and others. Radio station WGAR has carried several educational programs. Most of such work is carried by the Family Health Association (see report above).

A Social Protection Committee has been organized. Rehabilitation is attempted by the probation officer who tries to secure legitimate employment for young women under his care; and by the Women's Bureau of the Police Department, who try to get young vice offenders under the care of social agencies.

**Dayton Social Hygiene Association.**—A premarital examination law having been passed in 1941, efforts are now directed toward getting a prenatal examination law in the next session of the Legislature. The local clinic has been enlarged and its personnel doubled. Treatment was given to 1,267 patients during 1941. Newspapers cooperate in public information and station WING has for the past three years cooperated fully, especially in Social Hygiene Day programs. Weekly talks and presentation of motion pictures are a part of the program. A lecturer from the State Department of Health has spoken before some of the schools. Schools and colleges generally provide information about sex, and activities of this character are likewise carried on by a Speakers' Bureau for church and family welfare groups.

Dayton celebrated *Social Hygiene Day* for the fourth successive year in February with a meeting sponsored by 24 local organizations. Literature was distributed through the Federation of Women's Clubs (membership 7,800), parent-teacher organizations, noontide-club organizations, and industrial and civic groups.

This is a defense town, and social hygiene movies and talks are presented to industrial defense workers. Articles are planned for factory newspapers. Literature is placed in U.S.O. club rooms, and posters and cards in washrooms. A few taverns and night clubs have been declared "off limits" for soldiers.

Plans for the coming year include continuation of the Speakers' Bureau of doctors, nurses, clergymen and laymen, who will be instructed by the Public Health Division. A Publicity Committee will work with them, writing illustrated articles for the newspapers and announcing the Bureau's programs. A membership campaign is scheduled for September.

**Massillon Social Hygiene Council.**—The Council includes representatives from the Y.M.C.A., Y.W.C.A., Massillon Urban League (combined Negro organizations), Ministerial Association, Medical Association, Visiting Nurses' Association, Parent-Teachers Association, Massillon Welfare Federation (Community Fund), Municipal

Court, Massillon Health Department and the public schools. It coordinates the social hygiene efforts locally.

An adequate program of diagnosis and treatment is carried on by the Health Department. Newspapers and the member organizations cooperate in public information and education. Education for marriage is given through a program in the high school each year, with a speaker from the Ohio State Health Department. Most of the industrial plants require a blood test for syphilis and treatment if positive.

**Toledo: Social Hygiene Council of Toledo.**—The program for the regular meetings of the Council for the year ending April 14, 1942, stressed the importance of *Community Cooperation*. Six meetings were held during the year, with the Council of Social Agencies, the Toledo Public Library, Toledo Council of Parent-Teacher Associations, Toledo Academy of Medicine, Toledo Board of Health and health agencies of the city. Dr. Walter Clarke, A.S.H.A. Executive Director, was the speaker at a special luncheon meeting in February on *Social Hygiene in War Time*. Mrs. Bertha Ashby Hess, lecturer, Ohio State Department of Health, discussed youth problems. *How the Church Can Cooperate with the Social Hygiene Program* was the topic for discussion at the annual dinner meeting.

**Law Enforcement Activities:** Our group was active in its support of the amendment to General Code Section 11188, providing for physical examination to be made of applicants for marriage license, to determine if either applicant was suffering from syphilis in a communicable stage. Our committee wrote many letters to the legislators and to the governor; interviewed several of the local legislators, securing their endorsement and support of the measure. The law has been in effect since August 18, 1941. There have been no serious criticisms of it and no threats of repeal or amendment.

As an affiliated agency of the A.S.H.A. the council supported the May Act, passed by Congress and signed by the President on July 11, 1941. This Act gives the Secretaries of War and the Navy power to create zones about Army or Navy establishments within which zones the practice of prostitution or aiding or abetting such practice becomes a Federal offense, and thereafter, in addition to the activities of the Department of Justice, authorizes and directs the Secretaries of War, Navy and Federal Security Administrator to take such steps as they deem necessary.

**Industrial Activities:** Letters were sent to all Toledo defense factories, calling their attention to the importance of physical fitness for all defense workers, and asking cooperation with us in an educational campaign against venereal disease. With the assistance of the personnel directors of these factories literature was given to 8,100 men and 1,450 women, a total of 9,550 defense workers.

**Educational Activities:** In 1940 as the nation prepared for defense and possibly for war, our association began distributing literature to those men from our community who were being inducted into the selective service. Our specific national defense activities have increased in 1941 and 1942. With the aid of the induction center and the Naval Armory 10,000 A.S.H.A. leaflets, *So Long, Boys*, have been given out. In the *Social Hygiene Day* celebration, 2,000 pieces of literature were given to other agencies and individuals.

The Public Health and Education Committee met with city and health officials and members of the police department to discuss plans for protecting military men stationed or visiting in our community. The two newspapers of our city

have given publicity to our meetings. Radio Station WTOL kindly provided free time for the National Social Hygiene Day Broadcast. . . .

**General Activities:** The chairman was sent as a delegate to the Regional Conference at Cincinnati on February 4, 1942. A report of this conference was prepared and distributed. Our Council was one of the sponsors of *The Marriage Work Shop*, a project of the Family Life Education Program. Members of the Board have attended meetings of other agencies having a direct relation to our program. These members have also given talks to student groups, Parent-Teacher Associations, Church groups, nurses, W.C.T.U. and social organizations. A program was worked out with the State Department of Health, City Department of Health and Toledo Public Schools, bringing Mrs. Bertha Ashby Hess, lecturer on social and mental hygiene, to our city for a three week program. Mrs. Hess lectured before the Health and Group Work Sections of the Toledo Council of Social Agencies, Toledo and Lucas County Academy of Medicine, Health and Recreation Leaders and Hi-Y Leaders.

On the medical side, facilities have been increased for diagnosis and treatment of venereal disease, and there is an adequate public health program. Beach House for women aids in rehabilitation of prostitutes to some extent, and women police assistants are doing valuable work.

**Financial and Membership:** Many new names have been added to our membership list but some of our members have withdrawn as they have been called to the service of our country in military and civilian defense. Our Council has received financial assistance from the campaign for funds, conducted by the A.S.H.A. in this community.

**Youngstown Social Hygiene Association.**—Good cooperation is received from newspapers and from radio stations WKBN and WFMJ. A lecture service by the Association is one of few sources of education for marriage and family life available to the community. Lectures are also given to Parent-Teacher Associations and other parent groups.

The Youngstown Police Department has recently reorganized its staff for the purpose of cleaning up the vice situation.

A.S.H.A. staff who participated in the Midwestern Regional Conference in Cincinnati on *Sixth National Social Hygiene Day* were Dr. Clarke and Miss McGrath. Dr. Storey and others of the staff have visited the cities of Columbus, Cleveland and Youngstown and other points for conference with industrial groups.

## OKLAHOMA

<i>Population</i>		<i>Population rank among states</i>	22
Urban	879,663	<i>A.S.H.A. members in state</i>	35
Rural	1,456,771		
	<u>2,336,434</u>		

### *Social Hygiene Societies and Committees*

#### **Oklahoma City:**

**Oklahoma Social Hygiene Association:** *Secretary*, Everett L. Curtis, 2418 N.W. Guernsey.

**Oklahoma Committee on Social Hygiene Day:** *Chairman*, L. M. Jones; *Secretary*, Arthur H. German.

**Tulsa County Social Hygiene Association:** *Secretary-treasurer*, Dr. David V. Hudson, M.D., 108 West 6th Street, Tulsa.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Milt Phillips, 203 Historical Bldg., Oklahoma City.

**Civitan International:** *Lt. Governor*, Central District, Walter Kendall, 260 Xyler Street, Tulsa.

**Kiwanis International:\***

**Lions International:\***

**Oklahoma Congress of Parents and Teachers:** *President*, Mrs. John A. Wadlin, 1140 East 26th Street, Tulsa.

**Oklahoma Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. L. D. McClatchey, 1541 Keeler, Bartlesville.

**Oklahoma Junior Chamber of Commerce:** *President*, Al Cook, 401 North Broadway, Oklahoma City.

**Oklahoma State Medical Association:** *President*, J. D. Osborn, M.D., *Frederick*; *Secretary*, R. H. Graham, 210 Plaza Ct. Bldg., Oklahoma City.

**Oklahoma State Nurses Association:** *Secretary-Treasurer*, Mrs. Charlotte B. Oderkirk, 1124 S. Florence Ave., Tulsa; *Secretary*, State Organization for Public Health Nursing, Louise Sheddan, State Department of Health, Oklahoma City.

**Oklahoma Social Welfare Association:** *President*, Newkirk, Oklahoma.

**Oklahoma Tuberculosis and Health Association:** *Managing Director*, Carl Puckett, M.D., 22 West Sixth Street, Oklahoma City.

**Oklahoma Woman's Christian Temperance Union:** *President*, Mrs. Elizabeth House, 417 Hester St., Stillwater.

**Rotary International:\***

**United Service Organizations, Region X:** *Acting Executive*, Edward J. Keyes, 404 Commerce Exchange Bldg., Oklahoma City.

### Official Agencies

**National Youth Administration, Region IX:** See Kansas.

**Oklahoma State Defense Committee:** *Executive Secretary*, J. William Cordell, Post Office Box 3057, State Capitol 417, Oklahoma City.

**Oklahoma State Department of Education:** *Superintendent of Public Instruction*, A. L. Crable; *District Supervisor*, Negro Schools, Lenouliah Gandy.

**Oklahoma State Department of Health:** *State Commissioner of Health*, Grady F. Mathews, M.D., Oklahoma City; *Director*, Venereal Disease Division, Eugene A. Gillis, M.D.

### Clinics or Cooperating Clinicians at:

Ada, Anadarko, Antlers, Ardmore, Arnett, Atoka, Beaver, Beggs, Blanchard, Boise City, Boynton, Bristow, Broken Bow, Buffalo, Carnegie, Cheyenne, Claremore, Colbert, Crescent, Cushing, Drumright, Duncan, Durant, Enid, Guthrie, Guymon, Healdton, Hennessey, Henryetta, Hugo, Idabel, Jay, Kingfisher, Konoma, Langston, Lawton, McAlester, Madill, Marietta, Muskogee, Norman, Nowata, Oklahoma City, Okmulgee (2), Oktaha, Pauls Valley, Picher, Porter, Poteau, Pryor, Purcell, Sallisaw, Sepulpa, Seminole, Shawnee, Stella, Stillwater, Stilwell, Tahlequah, Tishmoningo, Tulsa, Wagoner, Watonga, Waurika, Wewoka, Woodward.

**Oklahoma State Department of Public Welfare:** *Director*, J. B. Harper, Oklahoma City.

**Social Protection Section, Office of Defense Health and Welfare Services, Region IX:** See Missouri.

**U. S. Army, Eighth Corps Area:** See Texas.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, E. E. Scholl; *State Home Demonstration Leader*, Norma M. Brumbaugh, Oklahoma Agricultural and Mechanical College, Stillwater.

**U. S. Navy, Eighth District:** See Louisiana.

\* See page 239 for national headquarters.

- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Mrs. A. M. Scott, Langston University, Langston; Edmond Low, Oklahoma Agricultural and Mechanical College, Stillwater; Herbert H. Scott, University of Oklahoma, Norman.
- U. S. Public Health Service:** For *Director*, District VII, see Missouri; for *Liaison Officer*, Eighth Army Corps Area, see Texas.
- Work Projects Administration:** *Director of State Community Service Program*, Ola Beckett, 529 W. Main Street, Old Courthouse Building, Oklahoma City.

**Oklahoma State Health Department, Oklahoma City.**—Venereal disease control through community club sponsorship has recently received its christening in Oklahoma, Muskogee serving as the test city for the experiment. The Junior Chamber of Commerce has become so enthusiastic over the possibilities of the project that a proposal has just been made to the state executive committee for brother organizations throughout the state to adopt the plan on a state-wide basis.

Methods of procedure are carefully planned before the campaign is begun. Roughly, the plan consists of:

1. A preliminary survey to study the local venereal disease problem.
2. Presentation of the problem to an aggressive-minded civic club with recommendations for a solution.
3. Supplying of all types of educational material to the sponsoring organization for community distribution.

Although the program is carried on by the sponsoring organization, close supervision is maintained by the state division in order to make sure that effective venereal disease control objectives are reached. It would seem that this approach to venereal disease control has distinct merit and may well prove to be the answer to the question "What is the quickest and most effective way to control syphilis and gonorrhea?"

For about six weeks a poster campaign designed for military areas has been in operation. Principal distribution has been in taverns and other similar establishments which are frequented by soldiers. These posters have been well received and commanding officers at several state posts have requested the posters for use in the camps. Especially designed pamphlets are being handed to soldiers as they arrive in the larger towns on leave.

**Oklahoma Social Hygiene Association, Oklahoma City.**—This new society developed out of the Regional Conference held in Oklahoma City on Sixth National Social Hygiene Day. A fine, all-day program, under the sponsorship of the Oklahoma County Tuberculosis and Health Association and the State Health Department, with prominent speakers from the fields of public health, industry, education and social protection, and with an attendance of 500 gave the new group a good start. It is now carrying on a campaign for membership, and has announced a general program to include the following fundamental and practical measures:

1. Educate our children and young people for sane and wholesome sex living.
2. Tell the public the facts about commercialized prostitution.
3. Establish in Summer Schools opportunities (through the medium of short courses, conferences, literature for distribution and other suitable means) for teachers, and school administrators to become acquainted with the methods and materials of social hygiene education.

4. Establish demonstration schools in which programs of social hygiene education may be developed.
5. Assist in the coordination of organizational programs.
6. Build support for a strong program of social hygiene education.
7. Maintain an office to supply literature, films, lectures and assistance in promoting social hygiene programs.
8. Work with schools, churches, P.T.A.'s and other organizations.
9. Maintain a circulating library.
10. Work with teacher education programs designed to equip teachers to do work in this field.
11. Secure newspaper and radio publicity.
12. Strengthen laws relating to prostitution.
13. Organize local voluntary committees and organizations to back up official law enforcement.

Among the groups cooperating indirectly in the social hygiene field is the Junior League.

A tentative plan for social hygiene education in schools has been drawn up and is being discussed with several schools. The plan includes a suggested outline of basic principles to be followed, a list of courses which might have social hygiene content, extra-curricular and community organizations which would supplement the school courses, and suggested lists of resources already available and additional resources needed to carry on an educational program of this kind.

The Department is showing venereal disease educational films to every draftee now going through induction centers. Educational pamphlets are also distributed to each man.

**Tulsa County Social Hygiene Association, Tulsa.**—Representatives of 27 organizations and groups interested in social hygiene met in April, 1942, to form the Tulsa County Social Hygiene Association, as an affiliate of the Oklahoma Social Hygiene Association. The intense interest shown by this first local group to be established under the new state association gives promise of a strong and practical program developing.

A.S.H.A. visitors to Oklahoma during past months have included Dr. Clarke (who was a principal speaker at the Southwestern Conference on Sixth National Social Hygiene Day, as above described. The Conference theme was *How Government Agencies and Voluntary Groups Work Together to Protect the Armed Forces and Defense Industrial Workers from Syphilis and Gonorrhea*), Mr. Johnson, and others of the staff, for conference with health and law enforcement officials.

## OREGON

Population  
 Urban 531,675  
 Rural 558,009  
 1,089,684

Population rank among states 34  
 A.S.H.A. members in state 55

### Social Hygiene Societies and Committees

**Salem: Oregon Social Hygiene Day Committee:** *Honorary Chairman*, Governor Charles A. Sprague; *Chairman*, Adolph Weinzirl, M.D.; *Chairman Committee on Arrangements*, Mrs. George Moorhead, Marion County Public Health Association, 208 Masonic Building, Salem.

### Other Voluntary Agencies

- American Legion:** *Department Adjutant*, June W. Valiant, 354 Pittock Block, Portland.
- Kiwanis International:\***
- Lions International:\***
- Oregon Congress of Parents and Teachers:** *President*, Mrs. F. W. Blum, 417 Oregon Bldg., Portland; *Social Hygiene Chairman*, Jessie L. Brodie, M.D., 3770 N.E. Chico Street, Portland.
- Oregon Council of Church Women:** *President*, Mrs. A. F. Holmer, 1911 Harris Street, Eugene.
- Oregon Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. George R. K. Moorhead, 208 Masonic Blvd., Salem.
- Oregon Junior Chamber of Commerce:** *President*, Donald Black, P. O. Box 287, Salem.
- Oregon Nurses Association:** *Executive Secretary*, Mrs. Linnie Laird, 301 Stevens Bldg., Portland; *Secretary*, State Organization for Public Health Nursing, Mrs. Margaret Payton, 3914 S.E. 64th Ave., Portland.
- Oregon State Conference of Social Work:** *President*, Donald E. Long, Court of Domestic Relations, Multnomah County Court House, Portland; *Secretary*, Mrs. Ethel Carroll, Catholic Charities, 2051 S.W., Sixth Avenue, Portland.
- Oregon State Medical Society:** *President*, William W. Baum, M.D., Salem; *Secretary*, J. R. Montague, M.D., 1020 S.W. Taylor Street, Portland.
- Oregon State Teachers Association:** E. D. Towler, Astoria High School, Astoria; E. F. Carleton, 602 Studio Bldg., Portland.
- Oregon Tuberculosis Association:** *Executive Secretary*, Mrs. Saidie Orr Dunbar, 605 Woodlark Bldg., Portland.
- Oregon Woman's Christian Temperance Union:** Headquarters, 409 Stock Exchange Bldg., Portland. *In charge*, Miss Etta M. White; *President*, Mrs. Fred J. Tooze, Jr.
- Rotary International:\***
- United Service Organizations, Region XII:** *Executive for Washington and Oregon*, Faber Stevenson, 1009 Porter Bldg., Portland.
- University of Oregon Medical School, Division of Social Hygiene Education:** *Director*, Adolph Weinzirl, M.D., Department of Public Health and Preventive Medicine, University of Oregon, Eugene.

### Official Agencies

- National Youth Administration, Region XII:** See California.
- Oregon State Department of Education:** *Superintendent of Public Instruction*, Rex Putnam, Salem.
- Oregon State Board of Health:** *State Health Officer*, Frederick D. Stricker, M.D., Portland; *Acting Chief*, Division of Venereal Disease Control, E. C. Drescher, M.D.

### Clinics or Cooperating Clinicians at:

- Albany, Astoria, Baker, Coquille, Eugene, Grand Ronde, Grants Pass, Hillsboro, Klamath Agency, Klamath Falls, La Grande, McMinnville, Marshfield, Medford, Oregon City, Pendleton, Portland (2), Roseburg, Salem, Siletz, The Dalles.
- Oregon State Defense Council:** *Coordinator*, Jerrold Owen, Room 317, State Capitol Bldg., Salem.
- Oregon State Public Welfare Commission:** *Administrator*, Elmer Goudy, 507 Spalding Bldg., Portland.
- Social Protection Section, Office of Defense Health and Welfare Services, Region XII:** See California.
- U. S. Army, Ninth Corps Area:** See Utah.
- U. S. Department of Agriculture, Extension Service:** W. A. Schoenfeld; *State Home Demonstration Leader*, Mrs. Azalea L. Sager, Oregon State Agricultural College, Corvallis.
- U. S. Navy, Thirteenth District:** See Washington.

\* See page 239 for national headquarters.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Dr. Hugh Wood, University of Oregon, Eugene.

**U. S. Public Health Service:** For *Director*, District V, see **California**; for *Liaison Officer*, Ninth Army Corps Area, see **Utah**.

**Work Projects Administration:** *State Director of Community Service Program*, Gladys M. Everett, 1201 Bedell Bldg., Portland.

**Oregon State Board of Health, Portland.**—During 1941, the most notable development in the social hygiene activities of the Oregon State Board of Health came in the second half of the year when it was decided to effect a complete reorganization of the Board's Division of Venereal Disease Control. While the reorganization did not actually take effect until 1942, the ground work was laid the preceding year. This reorganization called for a comprehensive program of case finding, investigation of contacts, enlargement of laboratory facilities, stepping up of the educational program and the adoption of an up-to-date statistical system.

Dr. E. C. Drescher, P. A. Surgeon of the United States Public Health Service, was appointed acting head of the Division of Venereal Disease Control by Dr. Frederick D. Stricker, State Health Officer, succeeding Dr. Samuel D. Allison, who resigned to accept the post of Venereal Disease Control Officer for Hawaii.

The Work Projects Administration, late in 1941, allotted funds for a Venereal Disease Control Project to be instituted in 1942 with the State Board of Health as sponsor. Erle S. West was Supervisor of the Project at the outset.

Another notable development in 1941 was the creation of a Department of Social Hygiene Education by the University of Oregon Medical School. Dr. Adolph Weinzirl, until 1941, Health Officer of the City of Portland, was placed at the head of the new department.

**University of Oregon Medical School, Portland.**—The newly formed Department of Social Hygiene Education cooperated with the State Board of Health in an extensive celebration of *Sixth National Social Hygiene Day* in Oregon. One of the six regional conferences held across the United States to observe Social Hygiene Day took place in Portland on February 12 and was sponsored by the Department and the State Board of Health. An all-day conference of representatives from many groups interested in social hygiene was followed by a public meeting in the evening, with showings of social hygiene films. Broadcasts over stations KGW and KEX were also part of the celebration.

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The Northwest Conference on Sixth National Social Hygiene Day, on the topic *Social Protection in Wartime and After* as above reported was one of six such regional meetings sponsored nationally by the A.S.H.A. and the United States Public Health Service, with the cooperation of Army, Navy and Social Protection Section representatives in the various areas. The Oregon Committee on Social Hygiene Day, of some fifty persons, headed by Governor Charles A. Sprague as Honorary Chairman, and Dr. Adolph Weinzirl as Chairman, brought together interested representatives of many state and community agencies whose joint efforts will be reflected in future programs. Mrs. George Moorhead, executive secretary of the Marion County Public Health Association, who served as chairman of the Conference Committee on Arrangements, is continuing to conduct a county-wide educational program and to do state-wide work to some extent.

Dr. Clarke was a principal speaker at the 1942 meeting, and has also visited Oregon at other times during past months, as have Dr. Snow, Dr. Storey and Miss Shenehon, for purposes of conference with health and law-enforcement officials.



## PENNSYLVANIA

Population  
 Urban 6,586,877  
 Rural 3,313,303  
 9,900,180

Population rank among states 2  
 A.S.H.A. members in state 261

## Social Hygiene Societies and Committees

- Erie Social Hygiene Association:** *Executive Secretary*, Newell W. Edson, 133 West 7th Street.
- Chester: Delaware County Tuberculosis and Health Association:** *Executive Secretary*, Robert W. Bernhardt, 301 Merchants Trust Bldg.
- Harrisburg: Tuberculosis and Health Society of Harrisburg and Dauphin County:** *Executive Secretary*, Mrs. Henry W. Taylor, Municipal Bldg.
- Lancaster Law and Order Society:** *Secretary*, Rev. Nevin C. Harner, 631 College Avenue.
- Philadelphia:**
- Philadelphia Committee on Social Hygiene Day:** *Honorary Chairman*, Mayor. R. E. Lamberton; *Chairman*, Major-General William G. Price, Jr.; *Secretary*, Charles Kurtzhalz, 311 S. Juniper St.
- Philadelphia Tuberculosis and Health Association:** *Director*, Charles Kurtzhalz, 311 S. Juniper Street.
- Social Service Committee, Philadelphia Yearly Meeting of Friends:** *Field Secretary*, Richmond P. Miller, 1515 Cherry Street.
- Pittsburgh: General Health Council:** *Executive Director*, W. W. McFarland, M.D., 519 Smithfield St.
- Reading Social Hygiene Committee:** Mrs. Anna Barlow, Visiting Nurse Association.
- Wilkes-Barre: Luzerne County Social Hygiene Society:** *Executive Secretary*, Nellie G. Loftus, 71 North Franklin St.
- York: Committee on Health Education and Social Hygiene Activities:** *Chairman*, Charlotte Hitchcock, 134 W. Philadelphia Street.

## Other Voluntary Agencies

- American Legion:** *Department Adjutant*, Edwin A. Linsky, 116 South Third Street, Philadelphia.
- Kiwanis International:\***
- Lions International:\***
- Medical Society of the State of Pennsylvania:** *President*, Lewis T. Buckman, M.D., Wilkes-Barre; *Secretary*, W. F. Donaldson, M.D., 500 Penn Avenue, Pittsburgh.
- Pennsylvania Association for the Blind:** *Executive Secretary*, P. N. Harrison, 132 Walnut Street, Harrisburg; *Supervisor*, Marcella Cohen, Prevention of Blindness Department, Pittsburgh Branch, 308 S. Craig Street, Pittsburgh.
- Pennsylvania Conference on Social Work:** *Executive Secretary*, William A. Jenny, Ph.D., P. O. Box 162, Harrisburg.
- Pennsylvania Congress of Parents and Teachers:** *President*, Mrs. P. B. Digby, 415 N. Fairmount, Pittsburgh; *Social Hygiene Chairman*, Newell W. Edson, 133 West 7th Street, Erie.
- Pennsylvania Council of Churches, Woman's Department:** *President*, Mrs. Frank A. Hean, 1717 No. Second Street, Harrisburg.
- Pennsylvania Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. D. E. Hoff, 412 N. 2nd St., Harrisburg.
- Pennsylvania Junior Chamber of Commerce:** *President*, Kendig C. Bare, 305 North Lime Street, Lancaster.
- Pennsylvania Nurses Association:** *General Secretary*, Mrs. Katharine Miller, 400 N. 3rd Street, Harrisburg; *Secretary*, State Organization for Public Health Nursing, S. Margaret Smith, Henry Phipps Institute, Philadelphia.

\* See page 239 for national headquarters.

**Pennsylvania Tuberculosis Society:** *Executive Secretary*, Arthur M. Dewees, 311 S. Juniper Street, Philadelphia.

**Pennsylvania Woman's Christian Temperance Union:** Headquarters, 220 Pine St., Harrisburg. *In charge*, Mrs. Olive M. Pettit, *Secretary*; *President*, Mrs. Ella B. Black, Beaverdale.

**Rotary International:\***

**United Service Organizations, Region III:** See New York.

### Official Agencies

**National Youth Administration, Region II:** *Regional Director of Youth Personnel*, Tom Beatty, Perry Bldg., 16th and Chestnut Sts., Philadelphia.

**Pennsylvania Council of Defense:** *Executive Director*, Dr. A. C. Marts, State Capitol Bldg., Harrisburg.

**Pennsylvania State Department of Education:** *Superintendent of Public Instruction*, Francis B. Haas, Harrisburg; *Chief*, Health and Physical Education, J. Wynn Fredericks.

**Pennsylvania State Department of Health:** *State Health Officer*, Robert M. Hursh, M.D., Harrisburg; *Director*, Division of Syphilis and Genitoinfectious Diseases, Edgar S. Everhart, M.D.

### Clinics or Cooperating Clinicians at:

Abington, Allentown (2), Altoona, Ashland, Beaver Falls, Bedford, Bellefonte, Bethlehem, Blairsville, Bloomsburg, Blossburg, Bradford, Bristol (2), Brownsville, Bryn Mawr, Burgettstown, Butler, Carbondale, Carlisle, Chambersburg, Chester (2), Clearfield, Coatesville, Columbia, Connellsville, Corry, Danville, Darby, Drexell Hill, DuBois, Easton, Erie, Fountain Springs, Franklin, Gettysburg, Greensburg, Harrisburg (3), Hazelton, Homestead, Huntingdon, Indiana, Johnstown (2), Kane, Kittanning, Lancaster (2), Latrobe, Lebanon, Lewistown, Lock Haven, McKeesport, McKees Rocks, Meadville, Mifflintown, Millersburg, Millvale, Monessen, Mount Carmel, Nanticoke, New Castle, New Eagle, New Kensington, Norristown, Oil City (2), Philadelphia (43), Philipsburg, Phoenixville, Pittsburgh (18), Pittston, Point Marion, Pottstown, Pottsville, Punxsutawney, Quakertown, Reading (2), Renovo, Ridley Park, Rochester, Sayre, Scranton (3), Sewickley, Shamokin, Sharon, Shenandoah, Somerset, Spangler, Stroudsburg, Sunbury, Tyrone, Uniontown, Warren, Washington, Waynesboro, Waynesburg, Wellsboro, West Chester, West Reading, Wilkes-Barre (3), Wilkinsburg, Williamsport, Windber, York.

**Pennsylvania State Department of Welfare:** *Secretary*, E. Arthur Sweeny, Harrisburg.

**Social Protection Section, Office of Defense Health and Welfare Services, Region III:** *Acting Supervisor*, Irving K. Furst, Juniper and Chestnut Sts., Philadelphia.

**U. S. Army, Third Corps Area:** See Maryland.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, S. W. Fletcher; *State Home Demonstration Leader*, S. Agnes Brumbaugh, Pennsylvania State College, State College.

**U. S. Navy, Fourth District:** The Commandant, Headquarters, Philadelphia; *Venerel Disease Control Officer*, Lt. Comdr. C. J. Buckley.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*: Harold W. Hayden, Bucknell University, Lewisburg; Prof. Robert G. Croson, Lafayette College, Easton; Prof. Claude G. Beardslee, Lehigh University, Bethlehem; Dr. C. C. Peters, Pennsylvania State College, State College; Dr. Frederick C. Gruber, University of Pennsylvania, Philadelphia; Dr. A. L. Robinson, University of Pittsburgh; Prof. Jas. B. Anderson, Washington and Jefferson College, Washington.

**U. S. Public Health Service:** For *Director*, District I, see New York; for *Liaison Officer*, Third Army Corps Area, see Maryland.

**Work Projects Administration:** *State Director of Community Service Program*, Anne Butler, 46 North Cameron Street, Harrisburg.

\* See page 239 for national headquarters.

**State Department of Health, Harrisburg.**—Facilities for finding and treating cases of venereal disease have been extended by the use of Sanitarians under the supervision of District Medical Health Officers, Medical Social Workers in the Institute for the Control of Syphilis, as well as the State Nurses. A complete program has been planned and is in operation in so far as appropriations permit.

In the City of Philadelphia leaflets containing an appeal for pharmacists' cooperation were delivered to every pharmacist in the city. This appeal will appear in the State Pharmaceutical Journal.

Health education and public information activities include cooperation with newspapers and radio stations WPEN, WKBO, and KDKA; lectures, distribution of pamphlets, placards, and street car advertising in Pittsburgh and Philadelphia.

Quarantine regulation is the legal instrument, and the quarantine stations, Philadelphia Vice Squad, and Policewoman's Division of Philadelphia are among the facilities which aid law enforcement. Quarantine facilities are available at the Houses of Good Shepherd. Premarital law and prenatal law requiring examination for syphilis became effective 1940. Club and church groups generally give support to law enforcement authorities in the performance of their duties.

Many industrial plants engaged in production of war materials are located in Pennsylvania. The engineers and sanitarians connected with the Bureau of Industrial Hygiene distribute posters, pamphlets, payroll stuffers and placards to industries. In some plants the serologic test for syphilis is being performed. Plant officials are notified of the facilities of the Department through the representatives of the Bureau of Industrial Hygiene.

Measures have been taken by city officials as well as the State Motor Police in protecting the armed forces as well as civilians against prostitution near military posts.

Serologic reports have been performed by the State Laboratories in connection with the N.Y.A. groups.

**Pennsylvania Association for the Blind.**—This Association carries on a program of education and demonstration for the prevention of blindness, which includes much social hygiene work, and maintains membership in the American Social Hygiene Association in order to collaborate in problems of mutual interest.

**Erie Social Hygiene Association.**—The E.S.H.A. is one of the long-established community groups in social hygiene work, carrying on a continuous community program of public education, medical and public health and measures and sex instruction for parents and children. In cooperation with the Committee of Sixteen, the E.S.H.A. regularly studies and acts for repression of prostitution.

Treatment hours at the State G-U Clinic (the only one here) have been shortened from 8 to 4 because of community reduction in funds and now include

two afternoon hours each for men and for women. Plans are being made for a special hour for children. Apparently this service is meeting community needs. The number of women patients has increased, but the men patients have diminished, probably because men are reporting to private physicians. The clinic service is furnished by the State and includes two clinicians and three nurses. Record keeping is paid for by this Association, a Community Chest Agency. Contact tracing and follow-up of delinquent patients is left to over-loaded nurses and is therefore not at all adequate. It is hoped that WPA funds allocated to the State may provide contact tracers and follow-up workers. Two clinicians are experienced in treating venereal disease. A former inexperienced clinician was recently dropped.

The State Pharmaceutical Society is cooperating with Dr. Stokes' Committee on Venereal Disease, advisory to the State Board of Health, in informing druggists about over-the-counter prescribing and quackery, and is working out state laws for controlling the sale of drugs. Local druggists are cooperating in the campaign.

The two local newspapers are glad to publish material about syphilis control provided it has a local slant. One of these papers recently featured in its Sunday edition a series of 13 articles on venereal disease in industry. Station WLEU and WERC both will give broadcasts when materials are made available. The latter has a progressive Program Director who recently put on a public health series including two talks on syphilis and one on gonorrhea furnished by the U. S. Office of Education, and is eager to secure other material. Talks are given to many kinds of groups in the city and county, film showings, especially to nursing groups and hospital staffs, distribution of 8,000 to 10,000 pamphlets annually through specially selected foci.

The Committee of Sixteen, which has been in operation since 1919, is being re-organized and is exerting new pressures on the city administration and police to clean up a rather bad prostitution situation. Social work agencies and the Juvenile Court are cooperating to prevent sex delinquency, but not wholly effectively.

On the educational side, one of three high schools is integrating materials in biology and physical education. The Superintendent of Schools is requiring a physical examination of teacher applicants, including a Wassermann test. Of the four colleges, two are including materials in the Junior and Senior years in courses on religion. One is including appropriate materials in courses on child psychology, family relations, and life problems. One is including materials in courses in sociology. Five churches and the Y.W.C.A. have recently given series to young people on education for marriage and family life. Through local auspices, similar series were presented in the 1941 summer youth conferences elsewhere in the State for the Episcopal, Methodist and Presbyterian denominations. Many additional talks are being given under the auspices of the Christian and Hebrew Associations, and other religious groups.

Most of Erie's industrial plants are engaged in such production directly or indirectly. The E.S.H.A. is beginning an industrial program with these groups. One large industry employing approximately 15,000 workers is giving as a part of its health service routine examinations and tests for both syphilis and gonorrhea to job candidates and workers, and requiring regular treatment by private physicians of those who are infected. Arrangements are being made to give talks on venereal diseases at regular meetings of labor unions, with the cooperation of union officials.

A State military encampment is about 325 miles away. No special measures are at present being used to protect the armed forces from prostitution and venereal disease, but a USO unit is being set up.

**Harrisburg: Tuberculosis and Health Society of Harrisburg and Dauphin County.**—Clinics are held at the Harrisburg Hospital

on two days a week. The Polyclinic Hospital also has two clinic days a week. Speakers are furnished for meetings of Parent-Teacher Associations, civic clubs, service clubs, etc. Talking slide films are used and leaflets distributed. Plans for the coming year include the provision of help to teachers, health agencies and character building agencies.

Results of this program have been apparent in the discussion groups by the P.T.A. Council, individual P.T.A. groups, School Principals' Association, home economics teachers and other adult groups.

Coöperation of newspapers and other publications in the campaign against the venereal diseases is increasing constantly. Radio Stations WKBO and WHP also assist.

Sex education is taught in limited way in senior high school. Courses in preparation for marriage are conducted by local Y.W.C.A. Family counseling is carried on by some local pastors and also counseling for betrothed couples.

Tuberculosis and Health Society of Harrisburg and Dauphin County distributes literature, posters and information about clinics to industrial war workers.

A program of recreation for servicemen stationed nearby is carried on by the local Defense Council and U.S.O. at the Catholic Center. Recreational activities especially for members of armed forces carried on by Y.W.C.A. and Y.M.C.A.

**Lancaster Law and Order Society.**—The Society serves as a receiving center for information regarding . . . violations of laws dealing with vice and crime. Through its own investigations it uncovers evils threatening the moral life of the community and backs up law enforcement agencies in the performance of their office. It carries on rehabilitative efforts. Recognizing that many of the evil influences threatening to undermine community and family life are nationwide in their scope, the Society cooperates with the American Social Hygiene Association.

**Philadelphia Defense Council, Venereal Disease Sub-Committee.**—Philadelphia has been on the radio in venereal disease control for a month with original broadcasts and approved transcriptions on all the leading stations. Approximately thirty programs have been arranged, and a number have already taken place. Press releases aggregating 141 column inches of newspaper space have been secured in the leading Philadelphia papers with excellent editorial comment. As part of the educational program, the Philadelphia Transportation Company, at its own expense, placed 2,500 car cards, in all street cars, subway cars, buses and trackless trolleys in the Philadelphia area.

The newly created Venereal Disease Control Division of the Philadelphia City Department of Public Health has made available packet prophylaxis through stations established in the receiving wards of all the principal Philadelphia hospitals; and certain hospitals have provided full station prophylaxis for members of the armed forces under a cooperative arrangement. A program to do away with drug store diagnosis and treatment has had wide circulation among pharmacists and has been favorably received. Counter placards and leaflets have been distributed to every pharmacist in the city by the Police Department by means of their patrol cars.

A statement with regard to the prostitution problem has been made available to those chiefly concerned with this field of work in the city area and the statement has been published by the United States Public Health Service in the official organ of the Division of Venereal Diseases.

The Philadelphia Defense Council's Venereal Disease Sub-Committee cooperates with the State Venereal Disease Control Committee Advisory to the Secretary of Health in the development of plans for increased clinic facilities, public education, a legal program and so forth. There is under way at the present time a revision of the basic law of Pennsylvania with reference to venereal disease control which should materially aid in reaching and controlling sources of infection. With the assistance of the State Bar Association such legislation will probably reach the Assembly for consideration during the next several months.

The University of Pennsylvania, through the cooperation of the State Department of Health and the United States Public Health Service, has organized the Institute for the Control of Syphilis, which is now recognized as one of the principal training centers for contact tracing and case holding personnel, instruction of Army and Naval officers, state physicians and so forth in short refresher courses.

Several conferences have been and others are about to be held between the enforcement, police, and liquor control agencies of the Philadelphia area with the Division of Venereal Disease Control of the City Department of Health. An industrial venereal disease control program is under way, preceded by a conference to which a large proportion of manufacturing and business interests sent representatives. In the furtherance of this work, we have the cooperation of the State Department of Health's Division of Industrial Hygiene.

A mailing list of strategic persons in this field of work is being prepared, and they are being periodically circularized with news bulletins, statements of policy, progress memoranda, and so forth.

**Philadelphia: Tuberculosis and Health Association.**—Definite progress has been made in the City of Philadelphia in 1941 in the campaign against syphilis and gonorrhea. The greatest step forward was the establishing of a Division of Venereal Disease Control in the Philadelphia Department of Health by ordinance of Council under date of October 7, 1941, and the appointing of Dr. Norman R. Ingraham, Jr., as Chief of the Department.

In addition to this, a strong Sub-Committee on Venereal Disease of the Philadelphia Defense Council, has been organized under the capable leadership of Dr. John H. Stokes, who is also Chairman of the Pennsylvania State Venereal Disease Control Committee Advisory to the Secretary of Health. This Sub-Committee includes in its membership, representatives of Philadelphia County Medical Society, the Philadelphia Tuberculosis and Health Association, the Division of Venereal Disease Control of the Department of Public Health, the Division of Social Protection of the Federal Security Agency, the Council of Social Agencies, and the Pennsylvania Liquor Control Board. This Committee has the active cooperation of the Philadelphia Police Department, the Municipal Court and their probation group, and the pharmacists' organization.

The daily newspapers have published articles on venereal diseases, and two papers with large circulation, have carried excellent editorials. Cooperation has been secured from at least two of the larger radio stations.

The Philadelphia Tuberculosis and Health Association acts as the local representative of the American Social Hygiene Association. It conducts a well attended Social Hygiene Day program each year in February, acting as host of the A.S.H.A. in February, 1941, when the national organization's Annual Meeting was held in the city, including Award of the William Freeman Snow medal for Distinguished Service to Humanity to Mrs. Sybil Neville-Rolfe, General Director of the British Social Hygiene Council. In 1941 also 98 health

education programs on this subject were given with an attendance of 8,126. Printed materials on social hygiene is also distributed and social hygiene films regularly shown before school and other groups:

**Social Service Committee, Philadelphia Yearly Meeting of Friends.**—The Committee does educational work through conferences and items in their News Notes. The Friends support effective law enforcement. Most important social hygiene activity is the Marriage Council which advises young people and affords a lending library of books and other material.

**Pittsburgh: The General Health Council of Allegheny County** is a Community Fund Agency. Our interests are primarily concerned with the promotion of public health. This objective is accomplished by education, planning, forum discussions, and coordination.

“The Pittsburgh Syphilis Control Program promoted by this organization with the assistance of the Allegheny County Medical Society, and the American Social Hygiene Association has been functioning actively and efficiently for two years. This objective was only accomplished after five years of intensive health education throughout the County. Over 500 individual talks were given to interested groups covering the whole field of parent-teacher associations, fraternal and service organizations and others. Frequent use was made of sound movies. As a natural outgrowth of this service, there is an increasing demand upon the General Health Council for educational talks and material on the subject of sex hygiene. These requests come from three main groups: Community houses, older high school pupils, and parent groups. This latter group seems to be interested in methods whereby they can educate intelligently children of pre-adolescent age. We think this is a gratifying trend, and will continue this type of service.

“Prostitution control is the definite obligation of public agencies. We are acting in an advisory capacity to certain public and private agencies who are energetically striving to solve this problem in Allegheny County.

“We have not as yet requested a National Conference on Social Hygiene for this community. However, the time is fast approaching when such a conference would be of definite value. More and more local groups are becoming interested in the implications of a comprehensive Social Hygiene Program.”

**Pittsburgh Syphilis Control Program.**—State-aided clinics have been integrated into this project, which is financed through appropriations from the U. S. Public Health Service and the Pittsburgh Department of Health. Case-finding and case-holding are now important parts of the program, and follow-up and other services have been centralized.

Gonorrhea is not a part of the project, but clinics are carried on in most hospitals, and follow-up service is offered by the City Bureau of Infectious Diseases.

Newspapers cooperate in the campaign against venereal diseases, and local radio stations KDKA, WCAE, WJAS, KQV and WWSW have carried talks. Lectures, pamphlets, sound films, placards, etc., are other channels of public information.

The City Health and Police Departments have cooperated with the Morals Court in its drive against organized prostitution. A study is expected to determine the extent of prostitution and the means for its control. Routine operation of the Juvenile Court and talks at community houses and other institutions are means of prevention of sex delinquency.

Educational activities among war industry workers are widespread and thorough, including health examinations with blood tests; advice and assistance concerning both syphilis and gonorrhea; talks; movies; and pamphlets which can be had on request.

In the field of sex education and training for family life, colleges and high schools are developing gradually. In the school system requests for informational talks on venereal disease and sex education have been met with tacit approval.

**Wilkes-Barre:** "Luzerne County Social Hygiene Society and the State Department of Health have carried on since 1920 a program in the control of Venereal Disease which adequately takes care of our community. Our facilities are equal to the need and are spacious enough to take care of any increased activity, and we have good public support.

Public information and education is carried on through the Wilkes-Barre newspapers, through Radio station WBAX, and through lectures to high schools, hospital training schools, church and service clubs, and distribution of literature.

To repress commercialized prostitution, arrests are made for violation of health laws by city police. Inmates of houses of prostitution when raided are charged with violation of health laws and committed to Luzerne County Detention Home, where medical, mental and social examinations are made and inmates kept until patient is cured or non-infectious. The Detention Home is directed and supervised by nurses who do the nursing and social work. This Home has legal protection and the support of Luzerne County Court.

The Society has the approval of church and family welfare groups in its efforts, but our local schools and colleges have not yet adopted a program for sex instruction of training for family life.

We have several established firms in our community, now in war production, but they are not large enough to bring any great number of persons moving into the community for employment.

1941 Statistics include:

Number of girls in the Detention Home January 1, 1941.....	23			
Number of girls admitted during the year.....	181			
Number of special Court cases (not admitted to Clinic).....	12			
	<hr/>			
	216			
Total number of girls cared for during the year.....	532			
Average number of girls cared for each month.....	45			
Number of girls discharged during the year.....	170			
Number of girls sent to institutions.....	35			
Number of girls released in care of parents, relatives, guardians, big sisters and on their honor.....	135			
	<hr/>			
	170			
Medical Report—(Women)				
<i>Syphilis</i>	<i>Gonorrhea</i>	<i>Chancroid</i>	<i>Other Diagnosis</i>	<i>Total</i>
18	46	1	116	181

Gonorrheal treatments administered by nurses during 1941, 2,708; Home visits, 985; Interviews, 2,965; Lectures, 23; Attendance at lectures, 3,846; Venereal disease clinics at Detention Home, 106; Jobs and homes secured for girls, 7; Job and home found for man, 1; Number of girls reading books in Library, 577; Number of books read in Library, 858.

Male Patients—Luzerne County Prison—1941

Venereal disease examinations made during year, 1,559; Wassermanns taken during year, 1,167; Number syphilitic infections, 31; Number gonorrheal infections, 6."



Aside from the activities reported above, many other community groups, in **Pennsylvania**, especially the Tuberculosis and Health Associations, regularly conduct social hygiene educational programs or engage in some other aspect of social hygiene work. Some 37 communities have been reported during the past year as observing Social Hygiene Day or otherwise cooperating, including the cities of **Scranton, York, Bethlehem, Reading, Chester, Haverford, Hershey** and many others.

In addition to the A.S.H.A. Twenty-eighth Annual Meeting in Philadelphia, in February, 1941, as above described, when Dr. Keyes, Dr. Snow, and a number of other officers and staff members were present, "near-neighbor" relations are regularly maintained between Pennsylvania groups and A.S.H.A. headquarters. Recent visitors to **Philadelphia, Pittsburgh, Harrisburg, Chester** and other points have been Dr. Clarke, Dr. Storey, Mr. Gould, Miss Pinney, Mr. Stenek and Miss McGrath.

## RHODE ISLAND

<i>Population</i>	
<i>Urban</i>	653,383
<i>Rural</i>	59,963
	<hr/>
	713,346

<i>Population rank among states</i>	36
<i>A.S.H.A. members in state</i>	34

### *Social Hygiene Societies and Committees*

**Providence:** Rhode Island Anti-Syphilis Committee: *Chairman*, Henry D. Sharpe, Box 1385, Providence.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, Herbert F. Gramstorff, 26 Custom House St., Providence.

**Civitan International:** *Lt. Governor*, New England District, A. W. Hughes, M.D., Greenville Avenue, Greenville.

**Kiwanis International:**\*

**Lions International:**\*

**Rhode Island Congress of Parents and Teachers:** *President*, Mrs. Newton P. Leonard, 973 Broad Street, Providence; *Social Hygiene Chairman*, Mary Basso, 153 Wesleyan Avenue, Providence.

**Rhode Island Federation of Women's Clubs:** *Chairman Public Welfare*, Miss Edith L. Mason, 86 Danner Road, Providence.

**Rhode Island Medical Society:** *President*, Charles F. Gormly, M.D., Providence; *Secretary*, W. P. Buffum, M.D., 122 Waterman Street, Providence.

**Rhode Island Nurses Association:** *Executive Secretary*, Louise White, 42 Weybosset Street, Providence; *Secretary*, State Organization for Public Health Nursing, Grace C. O'Neill, 87 Crescent Street, Providence.

**Rhode Island Social Workers Club:** *President*, Ray Simmonds, Court House, Providence.

**Rhode Island Tuberculosis Association:** *Executive Secretary*, Willis E. Chandler, 139 Mathewson Street, Providence.

**Rhode Island Woman's Christian Temperance Union:** Headquarters, Rm. 39, 75 Westminster St., Providence. *In charge*, Mrs. Marjorie G. Northrup; *President*, Mrs. Mary N. Eldridge.

**Rotary International:**\*

**United Service Organizations, Region I:** See **Massachusetts**.

### *Official Agencies*

**National Youth Administration, Region I:** See **Massachusetts**.

**Rhode Island State Council of Defense:** *Director*, Col. E. C. Webster, Armory of Mounted Commands, N. Main St., Providence.

\* See page 239 for national headquarters.

**Rhode Island State Department of Education:** *Director of Education*, James F. Rockett, Providence.

**Rhode Island State Department of Public Health:** *State Director of Public Health*, Edward A. McLaughlin, M.D., Providence; *Venereal Disease Control Officer*, H. J. Connor, M.D.

**Clinics or Cooperating Clinicians at:**

Bristol, Newport, Pawtucket, Providence (3), Wakefield, Wickford, Woonsocket.

**Rhode Island State Department of Social Welfare:** *Director*, Vincent Sorrentino, 40 Fountain Street, Providence.

**U. S. Army, First Corps Area:** See Massachusetts.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. O. Stuart; *State Home Demonstration Leader*, Sara E. Coyne, Rhode Island State College, Kingston.

**U. S. Navy, First District:** *Venereal Disease Control Officer*, Lt. Comdr. E. C. Smith, Naval Training Station, Newport. See also Massachusetts.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Henry B. Van Hoosen, Brown University, Providence.

**U. S. Public Health Service:** For *Director District I*, see New York; for *Liaison Officer*, First Army Corps Area, see Massachusetts.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Margaret N. Staley, 17 Custom House Street, Providence.

**Rhode Island Department of Health, Providence.**—All official venereal disease control work is conducted by the Bureau of Preventable Diseases in the State Department of Health.

There are seven State-supported or State-supervised venereal disease clinics located strategically throughout the State. Our personnel for finding and treating cases of gonorrhea and syphilis, at the present time consists of a medical Director and three assistants working from the main office. There are also three physicians located in the outlying districts who devote part-time to epidemiological work. In addition, in several of the cities and towns located near the Army and Naval establishments, local physicians have been engaged to examine suspected cases for venereal diseases. Also, laboratories have been set-up to perform a gonorrheal culture on these cases. Close cooperation exists between this Department, the State police and local police in cities and towns. The state, city and town police departments have been very active in suppressing commercialized prostitution and cooperating with us towards this end.

The newspapers in this State are cooperating in our campaign against the venereal diseases. We have two radio stations who have been generous in donating free time for our radio talks. Our educational program has been strengthened by the formation of three district health units throughout the State that serve as branch offices of the State Department of Health. The District Health Officers in these units have been very active in presenting lectures and moving pictures on the subject of venereal disease control. Legislation has been enacted in regard to premarital and prenatal blood tests for syphilis.

On Social Hygiene Day, February 4, 1942, radio talks were given on station WPRO, Providence, Rhode Island and WFCI, Pawtucket, Rhode Island. In addition, some publicity was given to the day by the newspapers. The civilian organizations in Rhode Island have provided various types of wholesome entertainment for the personnel in the Army and Navy establishments. This Department places a great deal of emphasis on locating and placing under treatment the source of infection. Every effort is made to obtain this information through the social workers in the clinics and through personal interviews by our staff.

A campaign is now being carried on to obtain more information from the private physicians on their cases, as we feel that at the present time considerable improvement can be made in this group.

A.S.H.A. visitors to **Providence** and **Newport** during the past year included Mr. Gould and Miss Pinney. Health officials and voluntary groups took part in the New England Regional Conference held in **Boston** on *Sixth National Social Hygiene Day*, February, 1942.

## SOUTH CAROLINA

*Population*  
*Urban*     466,111  
*Rural*     1,433,693  


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 1,899,804

*Population rank among states*   25  
*A.S.H.A. members in state*     20

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, R. T. Fahey, P. O. Box 355, Columbia.  
**Civitan International:** *Lt. Governor*, Carolinas District, J. W. Little, Myrtle Beach; S. R. Pridgen, Mullins; M. L. McRae, 88 Broad Street, Charleston.  
**Kiwanis International:**\*  
**Lions International:**\*  
**Palmetto State Teachers Association:** John P. Burgess, Orangeburg; C. V. Bing, Allendale.  
**Rotary International:**\*  
**South Carolina Conference of Social Work:** *Executive Secretary*, Adele Johnston Minahan, 1119 Barnwell St., Columbia.  
**South Carolina Congress of Parents and Teachers:** *President*, Mrs. John Morrall, Beaufort; *Social Hygiene Chairman*, Leon Banoy, M.D., Charleston.  
**South Carolina Council for National Defense:** *Director*, G. Heyward Mahon, New State Office Bldg., Columbia.  
**South Carolina Federation of Women's Clubs:** *Chairman Public Welfare*, Miss Mary E. Frayser, Winthrop College, Rock Hill.  
**South Carolina Junior Chamber of Commerce:** *President*, Joe Mulieri, 50 Broad Street, Charleston.  
**South Carolina Medical Association:** *President*, Thomas A. Pitts, M.D., Columbia; *Secretary*, Julian P. Price, M.D., 105 W. Cheves Street, Florence.  
**South Carolina Nurses Association:** *Executive Secretary*, Nellie C. Cunningham, 306 Carolina Life Bldg., Columbia; *Chairman*, Public Health Nursing Section, Ruby Wallace, County Health Department, Spartanburg.  
**South Carolina Tuberculosis Association:** *Executive Secretary*, Mrs. Chauncey B. McDonald, 1208 Bull Street, Columbia.  
**South Carolina Woman's Christian Temperance Union:** Headquarters, Edgefield. *President*, Mrs. J. L. Mims.  
**United Service Organizations, Region VII:** See Georgia.

### Official Agencies

**National Youth Administration, Region VII:** See Georgia.  
**Social Protection Section, Office of Defense Health and Welfare Services, Region VII:** See Alabama.  
**South Carolina Council of National Defense:** *Director*, Major G. Heyward Mahon, 102 Wade Hampton Office Bldg., Columbia.  
**South Carolina State Board of Health:** *State Health Officer*, James A. Hayne, M.D., Columbia; *Director*, Division of Venereal Disease Control, Sedgwick Simons, M.D.

\* See page 239 for national headquarters.

*Clinics or Cooperating Clinicians at:*

Abbeville, Adams Run (2), Aiken, Allendale, Anderson, Andrews, Awendaw (4), Ballentine, Bamberg, Barnwell, Batesburg, Beaufort, Bennettsville, Bethune, Big State, Bishopville, Blaney, Bluffton, Blythewood, Camden, Carlisle, Charleston (5), Cheraw, Chester, Chesterfield, Clemson, Clinton, Clio, Columbia, Conway, Cross, Cross Hill, Darlington, Denmark, Dillon, Donalds, Easley, Eastover, Edgefield, Edisto Island, Estill, Florence, Fort Mill, Fort Motte, Fountain Inn, Gaffney, Garnett, Georgetown, Good Hope, Greelyville, Green Pond, Greenville (3), Greenwood, Hampton, Hardeeville, Hartsville, Hemingway, Hiltonhead Island, Hopkins, Irmo, James Island, John's Island (5), Johnston, Kershaw, Kingstree, Kingville, Lake View, Lamar, Lancaster, Latta, Laurens, Levy, Lexington, Liberty Hill, Lone Star, Lorris, Loundsville, Lowrys, Lynchburg, McClellanville, McColl, McCormick, Manning, Marion, Martins, Martins Point, Meeting Street Road, Meggetts, Midland Park, Moncks Corner, Mullins, Mt. Pleasant, Myers, Myrtle Beach, Newberry, Orangeburg, Pageland, Parker's Ferry, Parris Island, Pawley's Island, Pickens, Pineville, Pontiac, Rantowles, Ravenel, Richburg, Ridgeland, Ridge Spring, Ruffin, St. George, St. Matthews, Saluda, Santee, Seneca, Sheldon, Society Hill, Spartanburg (3), Summerville, Sumter (2), Union (2), Van Wyck, Varnville, Wadmalaw, Wagener, Walhalla, Walterboro, Wando, West Columbia, Westminster, Winnsboro, Woodruff, Yemassee, York.

**South Carolina State Department of Education:** *Superintendent of Education*, James H. Hope, Columbia; *State Agent for Negro Schools*, J. B. Felton.

**South Carolina State Department of Public Welfare:** *State Director*, Thomas H. Daniel, Columbia.

**U. S. Army, Fourth Corps Area:** See Georgia.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, D. W. Watkins, Clemson Agricultural College of South Carolina, Clemson; *State Home Demonstration Leader*, Lonny I. Laudrum, Winthrop College, Rock Hill.

**U. S. Navy, Sixth District:** The Commandant, Headquarters, Charleston; *Venerel Disease Control Officers*, Lieut. K. H. Smith (MC-V.); Lt. Comdr. Samuel R. Brown (MC), Marine Barracks, Parris Island.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Prof. Mark B. Bradley, Clemson Agricultural College, Clemson; Mrs. Thelma Nix, State Agricultural and Mechanical College, Orangeburg; W. H. Ward, University of South Carolina, Columbia.

**U. S. Public Health Service:** *State Venereal Disease Control Consultants*: P. A. Surgeon Clarence A. Smith, Richland County Health Department, Columbia; Assistant Surgeon George E. Parkhurst, Charleston County Health Dept., Charleston. For *Director*, District IV, see Louisiana; for *Liaison Officer*, Fourth Army Corps Area, see Georgia.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Margaret D. Davies, 1400 Pendleton Street, Columbia.

**State Board of Health of South Carolina, Columbia.**—In this State it is considered that we have in operation a fairly complete program of venereal disease control in all of the forty-six counties, and that considerable improvement has been effected. This program is applicable to the five venereal diseases and includes the four fundamental essentials: namely, diagnosis, treatment, epidemiology, and public education. In addition to several municipally operated treatment centers, clinics are conducted either by or under the immediate supervision of the County Health Departments.

Laboratory diagnostic facilities are available to all physicians and other citizens of the State without cost and all specimens are examined in the Hygienic Laboratory of the State Board of Health in Columbia, S. C. Clinical diagnostic services by the County Health Departments are available to the patients of all private practitioners caring to refer them for such work, to all indigents, all transients, and in all instances of emergency. Likewise, venerological treatment

and facilities are maintained by the County Health Departments for the benefit of all such persons.

Epidemiologic activities are carried out by County Health Departmental workers, principally nurses, to an extent commensurate with the size of available personnel. In this respect very decided expansion and improvement has been noted. The confidential services of County Health nurses are made available to private practitioners for epidemiological activities in their private practice and among contacts of their cases. Physicians are also supplied with all necessary clerical materials.

Specific venerological drugs are furnished private practitioners and clinics to the extent requested by them and without any cost whatever. Clinics are also supplemented with varied essential technical supplies and equipment.

The Division of Venereal Disease Control comprises Director, Medical Consultant, State Consultant Nurse, and non-medical Technical Assistant, together with a reasonably adequate clerical staff. Under this set-up a consultant, advisory, and general promotional service is maintained throughout the State for private practitioners and for clinics.

Public educational measures are pursued through the press, the radio, printed materials, lectures, projectoscopic presentations, and the other conventionally recognized channels of dissemination.

Personnel and material facilities are heavily concentrated in the several War areas throughout the State in which the program is thereby intensified. The Division cooperates with the Division of Social Protection of the Federal Security Agency, with the armed forces, with local social scientific and law enforcement Agencies in a preventive quota of the repression of prostitution.

The State Board of Health through this Division also is operating cooperatively with the Works Progress Administration in the pursuance of a WPA financed supplemental State-wide Venereal Disease Control Project. And, in addition, the State Board of Health continuously operates in close cooperation with Selective Service Authorities in securing laboratory tests and treatment of infected registrants. Among other things, the State Board of Health furnishes Selective Service Authorities with all essential supplies and equipment necessary to the collection and reference of specimens of blood for serological testing.

During the closing days of their 1942 Session the General Assembly enacted a very comprehensive and exclusive law designed to further the adequate repression of prostitution. However, in this State, premarital and prenatal examination laws have not been realized.

Although anti-neisserian work is considerably less concentrated in its pursuance throughout the State as compared with antiluetic procedures, by reason of the fact that the inclusion of gonorrhea work as an integral component has been effected only within the past twelve months, it is our opinion that the program in this State has been greatly expanded during the past four or five years, and that much ground has been gained.

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The A.S.H.A. served as consultant in drafting the new prostitution law above referred to, Mr. Gould spending some time at Columbia for this purpose.

## SOUTH DAKOTA

<i>Population</i>	
<i>Urban</i>	158,087
<i>Rural</i>	484,874
	<hr/> 642,961

<i>Population rank among states</i>	38
<i>A.S.H.A. members in state</i>	26

**Social Hygiene Societies and Committees**

None.

**Other Voluntary Agencies****American Legion:** *Department Adjutant*, J. D. Mullaney, Watertown.**Kiwanis International:**\***Lions International:**\***Rotary International:**\***South Dakota Congress of Parents and Teachers:** *President*, Mrs. J. C. Lepler, Watertown; *Social Hygiene Chairman*, A. Triolo, M.D., State Board of Health, Pierre.**South Dakota Federation of Women's Clubs:****South Dakota Junior Chamber of Commerce:** *President*, Wade Gehringer, Mobridge.**South Dakota State Medical Association:** *President*, N. J. Nessa, M.D., Sioux Falls; *Secretary*, Clarence E. Sherwood, M.D., Madison.**South Dakota Nurses Association:** *Secretary*, Katherine McKillop, Methodist State Hospital, Mitchell; *Chairman*, Public Health Nursing Section, Loretta Kopel, Deadwood.**South Dakota State Conference of Social Work:** *President*, John Unseem, Department of Sociology and Social Work, University of South Dakota, Vermillion.**South Dakota Tuberculosis Association:** *Executive Secretary*, Mrs. H. H. Holdridge, Camp Wanzert, Silver City.**South Dakota Woman's Christian Temperance Union:** *President*, Mrs. Mary S. Lyman, Mt. Vernon.**United Service Organizations, Region VIII:** See Illinois.**Official Agencies****National Youth Administration, Region VIII:** See Minnesota.**Social Protection Section, Office of Defense Health and Welfare Services, Region VIII:** See Minnesota.**South Dakota Council of Defense:** *Chairman*, Col. E. A. Beckwith, care the Adjutant General's Office, Rapid City.**South Dakota Department of Social Security:** *Director*, C. H. McCay, Pierre.**South Dakota State Board of Health:** *State Superintendent of Health*, J. F. D. Cook, M.D., Pierre; *Venereal Disease Control Officer*, G. J. Van Heuvelen.**Clinics or Cooperating Clinicians at:**

Sioux Falls.

In addition to the clinic listed, the addresses of physicians giving treatment for venereal diseases under the state plan may be obtained from state, county and municipal officers.

**South Dakota State Department of Education:** *Superintendent of Public Instruction*, J. F. Hines, Pierre.**U. S. Army, Seventh Corps Area:** See Nebraska.**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, John V. Hepler; *State Home Demonstration Leader*, Nora M. Hott, South Dakota State College of Agriculture and Mechanic Arts, Brookings.

\* See page 239 for national headquarters.

**U. S. Navy, Ninth District:** See Illinois.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, H. D. Stallings, South Dakota State College of Agriculture and Mechanic Arts, Brookings; Jack C. Morris, University of South Dakota, Vermillion.

**U. S. Public Health Service:** For *Director*, District VII, see Missouri; for *Liaison Officer*, Seventh Army Corps Area, see Nebraska.

**Work Projects Administration:** *State Director of Community Service Program*, Ethel M. Dowdell, Mitchell.

**State Board of Health, Pierre.**—"From the period beginning January 1, 1941, to December 31, 1941, there were 640 cases of syphilis reported to the State Board of Health as receiving treatment. Our most recent figure, then, indicates an incidence of 108 cases per 100,000 population.

"The Department of Health has sponsored no clinics up to the present. There are a few areas in the state with sufficient population to justify clinics, but for the major portion the idea has appeared unsound economically and functionally. The policy adopted here has been strictly that of inducing the people to consult their own physicians. Only in a few instances has treatment been given in our health units, and then only at the request of the physician in charge. We have told the public what to expect from the physicians, adhering closely to the recommendations of the most recently reported effective means of treatment.

"The state laboratory is prepared to furnish Wassermann examinations on all blood samples sent in from points within the state. The Kahn reaction is run as a matter of routine check. These tests are performed without charge to the patient or the physician submitting them.

"The anti-syphilitic drugs supplied through the department to everyone, regardless of his financial status, are purchased in accordance with the recommendations published by the United States Public Health Service. Those furnished are standard brands of neo-arsphenamine, bismuth subsalicylate in peanut oil, a compound of bismuth and arsenic for intramuscular use and a trivalent arsenical. The bismuth and arsenic compound is furnished to facilitate treatment in children where venipuncture is difficult.

"Follow-up service is furnished insofar as is possible through our health units, the public health nurses, and the central office. Specialized social service work along this line would be highly valuable but would require more money than could well be appropriated. The unit price of visits, due mainly to our 'great distances,' would be far beyond the unit value. It is only fair, however, to state that those 'great distances,' in themselves, tend to curb the pandemic nature of syphilis.

"Additional work has been carried on through contacts with physicians throughout the state. These contacts tend to stress the relation of the physician and the public health offices. Educational films have been shown to the physicians in different places in the state, the theme of which emphasizes the importance of treatment. Treatment in turn then produces a report in the Health Department, which produces results to the mutual benefit of all concerned.

"After the introduction of the social security program, lay education has been stressed. Lectures are given, accompanied by movies, on the nature and prevention of syphilis. The film produced by the United States Public Health Service has been received satisfactorily and has produced the desired reaction. There has been a marked tendency among local officials who make arrangements for the showing of the film or lectures on syphilis to carefully segregate the sexes, in spite of repeated suggestions that such should not be done. The question has been attacked more openly and far more lasting educational results have been noticed in those places where combined groups have attended the discussion.

"The physicians within the state have developed a keen interest in treating syphilis and on the whole those patients coming to their attention are receiving adequate care."

In addition to the regular peacetime program, full-time health units have been or are being organized for the various areas near Army camps and posts. There is no war industry in the state.

## TENNESSEE

### Population

Urban 1,027,206

Rural 1,888,635

2,915,841

Population rank among states 15

A.S.H.A. members in state 52

### Social Hygiene Societies and Committees

**Chattanooga:** Social Hygiene Committee, Chattanooga Health Council: *Secretary*, Mrs. Lapsley Hope, Chamber of Commerce Bldg., Chattanooga.

**Nashville:** Social Hygiene Committee, Nashville Council of Community Agencies: *Chairman*, Dr. E. L. Turner, Meharry Medical School, Nashville.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, Guy H. May, War Memorial Bldg., Nashville.

**Civitan International:** *District Governor*, Tennessee-Southwest Virginia District, Hagan Stevens, Bristol.

**Kiwanis Club of Chattanooga,** Committee on Public Health: *Chairman*, George Johnson, Chattanooga.

**Lions International:**\*

**Rotary International:**\*

**Tennessee Conference of Social Work:** *President*, M. W. Brabham, P. O. Box 246, Chattanooga.

**Tennessee Congress of Parents and Teachers:** *President*, Mrs. R. B. Gordon, University Center, Memphis; *Social Hygiene Chairman*, Mrs. J. T. Jones, Hixson.

**Tennessee Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. M. E. Dement, 305 Glenwood Drive, Chattanooga.

**Tennessee Junior Chamber of Commerce:** *President*, Clyde Carpenter, P. O. Box 814, Knoxville.

**Tennessee Nurses Association:** *General Secretary*, Mrs. Lucile H. Marshall, 1002 Cotton States Bldg., Nashville; *Chairman*, Public Health Nursing Section, Mrs. Thelma Anderson Hubbard, Mayfair Avenue, Nashville.

**Tennessee State Medical Association:** *President*, James B. Stanford, M.D., Memphis; *Secretary*, H. H. Shoulders, M.D., 706 Church Street, Nashville.

**Tennessee Tuberculosis Association:** *Executive Secretary*, James P. Kranz, Chamber of Commerce Bldg., Nashville.

**Tennessee Woman's Christian Temperance Union:** *President*, Mrs. Minnie Allison Welch, Virginia Apts., No. 4, Chattanooga.

**United Service Organizations, Region VII:** See Georgia.

### Official Agencies

**National Youth Administration, Region VII:** See Georgia.

**Social Protection Section, Office of Defense Health and Welfare Services, Region VII:** See Alabama.

**Tennessee State Defense Council:** *Coordinator*, Will R. Manier, Jr., State Capitol Bldg., Nashville.

\* See page 239 for national headquarters.



**Tennessee State Department of Education:** *Commissioner of Education*, B. O. Duggan, Nashville; *Director*, Division of Negro Education, W. E. Turner.

**Tennessee State Department of Public Health:** *Commissioner of Health*, W. C. Williams, M.D., Nashville; *Director*, Division of Preventable Diseases, C. B. Tucker, M.D.; *Veneral Disease Control Officer*, U. S. Public Health Service, Wilson T. Sowder, M.D.

***Clinics or Cooperating Clinicians at:***

Alamo, Arlington (2), Athens, Bailey, Bakewell, Barretville, Bartlett, Bells, Benjestown, Bickford, Berclair, Bethlehem, Blountville, Bolivar, Bolton, Bridgewater, Bristol, Brunswick, Byrdstown, Capleville, Celina, Centerville, Chattanooga (6), Clarksville, Cleveland, Clinton, College Grove, Collierville, Columbia, Cordova, Covington, Crossville, Cuba, Danbridge, Dayton, Decatur, Decaturville, Dresden, Dunlap, Dyer, Dyersburg, Eads, Elizabethton, Ellendale (2), Erin, Erwin (2), Etowah, Fairview, Fayetteville, Fisherville, Forest Hill (2), Franklin, Friendship, Gainesboro, Gallatin, Geeter, Germantown, Greeneville, Greenfield, Hacks Cross Road, Halls, Hanners, Hartsville, Hendersonville, Hilderbrands, Hixson, However, Humboldt, Huntingdon, Jackson, Jamestown, Jefferson City, Jellico, Johnson City, Jonesboro, Kenton, Kerrville, Kingsport, Kingston, Knoxville (5), LaFollette, Lebanon, Lewisburg, Lexington, Livingston, Locke, Lucy, McMinnville, Madisonville, Manchester, Martin, Maryville, Mason, Medina, Memphis (6), Milan, Millington (3), Morristown, Moscow, Mountain City, Mt. Pisgah, Murfreesboro, Nashville (5), Newport, Nolensville, Oak Grove, Oakland, Oakville, Oberles, Ooltewah, Paris, Parsons, Peaks Bells, Pelham, Pesthouse, Pikeville, Porters, Portland, Pulaski, Raleigh, Ridgely, Riggins, Ripley, Rockwood, Rogersville, Rossville, Saltito, Sanderlins, Savannah, Sevierville, Sharon, Shelbyville, Smyrna, Soddy, Somerville, Springhill Church, Summit, Sweetwater, Tiptonville, Tracy City, Trenton, Tullahoma, Tully Station, Union City, Wartburg, Waverly, Weaver, West Junction, Westmoreland, White Station, Winchester, Woodstock.

**Tennessee State Department of Public Welfare:** *Commissioner*, Paul Savage, Nashville.

**U. S. Army, Fourth Corps Area:** See Georgia.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, C. E. Brehm; *State Home Demonstration Leader*, Margaret A. Ambrose, College of Agriculture, University of Tennessee, Knoxville.

**U. S. Navy, Eighth District:** See Louisiana.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Gordon Sieffkin, Southwestern College, Memphis; L. H. Daniel, Tennessee Agricultural and Industrial State Teachers College, Nashville; Mary Louise Ogden, University of Tennessee, Knoxville; Dr. A. F. Kuhlman, Vanderbilt University, Nashville.

**U. S. Public Health Service:** For *Director*, District IV, see Louisiana; for *Liaison Officer*, Fourth Army Corps Area, see Georgia.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Betty H. Luck, 316 Stahlman Bldg., Nashville.

**Tennessee Department of Public Health, Nashville.**—During 1941, neoarsphenamine and bismuth were distributed free to the 183 clinics in the State and, subject to receipt of case reports, to private physicians. Sulfathiazole to the extent of 138,500 grams was furnished to the clinics for the treatment of gonorrhea. On April 1, a new director of the Venereal Disease Control Service was appointed and on October 16 an Associate Director was appointed. A director and an epidemiological nurse were appointed for the Knoxville Venereal Disease Control Program in September and October. Similar appointments were made during November and December for the newly-organized cooperative Venereal Disease Control Program with the City of Nashville.

In relation to military establishments, three new county health units were organized and a Camp Forrest Health District was set up in the last six months of 1941. Special measures for control were instituted during the Second Army Maneuvers. The City of Knoxville passed ordinances for the control of venereal diseases modeled after the May Act. A request that the May Act itself be invoked in certain areas of the State was made in October. This was done because state statutes on prostitution were found to be inadequate to cope with the situation. Since then the local authorities in 36 counties concerned have requested of the Governor that the May Act be applied. Application was made by Secretary of War Stimson on May 21, 1942, Tennessee thus becoming the first state to take this step. Revision of state laws on prostitution is proposed for the next legislative session.

Cooperating with State Selective Service Headquarters, the central and five branch laboratories of the State Department of Public Health performed all serologic tests for syphilis. The results were relayed to the health officers in 67 counties. Each was then required to report quarterly on the treatment status of selectees. The data were placed on punch cards and analyzed. Thus far almost 60 per cent were found to be under treatment on the reporting dates. In many counties the health officers assist the local boards by taking all blood specimens and supervising treatment rehabilitation.

On July 1, 1941, the premarital law went into effect, requiring physical examination for communicable diseases in both parties and submission of blood specimens to one of the six State laboratories or the 43 state-certified private and municipal laboratories. Taking of specimens for gonorrhea and estimate of infectiousness are left to the discretion of the examining physician. Of the first 12,906 blood specimens submitted, 422 (3.27 per cent) gave positive results.

Throughout 1941 the program advanced steadily in Chattanooga in the vicinity of Fort Oglethorpe. Emphasis was placed on clinic staffs reducing the case-holding problem by focusing attention on the new patient. In Memphis-Shelby County the aspects of prostitution abatement in the Venereal Disease Control Program were reported in the October, 1941, *Journal of Social Hygiene*.

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As Tennessee was the first state to ask that the May Act be invoked, social hygiene workers have watched results with interest. An investigation made some ten days after the Act was applied showed greatly improved conditions in the 27 counties involved, but it is evident that such action must be accompanied by thorough and wide-spread education of community law enforcement officials and the general public, if such improvement is to be more than temporary.

Among A.S.H.A. visitors to Chattanooga, Nashville and Knoxville in recent months have been Mr. Stenek, Miss McGrath and Mr. Howell.

## TEXAS

Population  
 Urban 2,911,389  
 Rural 3,503,435  
 6,414,824

Population rank among states 6  
 A.S.H.A. members in state 99

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

American Legion: Department Adjutant, Fred E. Young, 908 Tribune Bldg., Austin.

Civitan International: District Governor, Texas District, W. N. Tolleson, 1209 Republic Bank Bldg., Dallas.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**State Medical Association of Texas:** *President*, Judson L. Taylor, M.D., Houston; *Secretary*, Holman Taylor, M.D., 1404 W. El Paso Street, Fort Worth.

**Texas Congress of Parents and Teachers:** *President*, Mrs. Joe A. Wessendorff, Richmond; *Social Hygiene Chairman*, Elizabeth McGuire, State Health Department, Austin.

**Texas Council of Church Women:** *President*, Mrs. E. Cecil Seaman, 1516 Tyler Street, Amarillo.

**Texas Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. H. B. Sowers, 4618 San Jacinto, Dallas.

**Texas Junior Chamber of Commerce:** *President*, Fred Morgan, 709-713 Nixon Building, Corpus Christi.

**Texas Nurses Association:** *General Secretary*, A. Louise Dietrich, 1001 E. Nevada Street, El Paso; *Secretary*, State Organization for Public Health Nursing, Faye Pannell, City Health Department, San Antonio.

**Texas Social Welfare Association:** *Executive Secretary*, Arthur O. Morehead, P. O. Box 1184, Austin.

**Texas State Teachers Association:** Charles H. Tennyson, 410 East Weatherford Street, Fort Worth.

**Texas Tuberculosis Association:** *Executive Secretary*, Pansy Nichols, 700 Brazos Street, Austin.

**Texas Woman's Christian Temperance Union:** Headquarters, 1112 W. 9th St., Austin. *President*, Mrs. Claude de Van Watts.

**United Service Organizations, Region X:** *Representative*, Harry Herbert, 310 National Bank of Commerce Bldg., San Antonio.

### Official Agencies

**National Youth Administration, Region X:** *Regional Director of Youth Personnel*, C. P. Little, Jr., 714 Brown Bldg., Austin.

**Social Protection Section, Office of Defense Health and Welfare Services, Region X:** *Supervisor*, Whitecomb M. Allen; *Representatives*, Howard M. Flutes, Fred R. Kearney, North Presa and East Houston Sts., San Antonio.

**Texas Committee for National Defense:** *Chairman*, Coke R. Stevenson, Austin, Texas.

**Texas State Department of Education:** *Superintendent of Public Instruction*, L. A. Woods, Austin; *Director of Negro Education*, Gordon Worley.

**Texas State Department of Health:** *State Health Officer*, George W. Cox, M.D., Austin; *Director, Division of Venereal Disease Control*, A. M. Clarkson, M.D.

### Clinics or Cooperating Clinicians at:

Abilene, Arlington, Atlanta, Austin, Bay City, Beaumont, Beeville, Bessmay, Big Spring, Boston, Brownfield, Brownsville, Brownwood, Bryan, Call, Cameron, Canutillo, Clint, Coleman, Commerce, Cooper, Corpus Christi, Corsicana, Crockett, Crystal City, Dallas (2), DeKalb, Del Rio, Deweyville, Edinburg, El Paso, Fabens, Fort Worth, Gainesville, Galveston, Greenville, Harlingen, Hearn, Hillsboro, Houston (3), Jasper, Kirbyville, Kountz, Lamesa, Laredo, Liberty, Linden, Longview, Mansfield, Maud, McAllen, McKinney, Midland, Mineral Wells, New Boston, Newton, Odessa, Palacios, Pampa, Port Arthur, Port Isabel, Port Labaco, Raymondville, Robstown, Sabinal, San Angelo, San Antonio, San Augustine, San Benito, San Elizario, Shamrock, Socorro, Teague, Texarkana, Tyler, Uvalde, Victoria, Waco, Waxahachie, Weatherford, Weslaco, Wharton, Wheeler, Wichita Falls, Wiergate, Woodville, Ysleta.

**Texas State Department of Public Welfare:** *Executive Director*, J. S. Murchison, Austin.

**U. S. Army, Eighth Corps Area:** Headquarters, Fort Sam Houston, San Antonio; *Venereal Disease Control Officer*, Major Leonard A. Dewey.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, H. H. Williamson; *State Home Demonstration Leader*, Mildred F. Horton, Agricultural and Mechanical College of Texas, College Station.

\* See page 239 for national headquarters.

- U. S. Navy, Eighth District:** *Veneral Disease Control Officer*, Lt. Comdr. T. A. Fears (MC), Naval Air Station, Corpus Christi. See also Louisiana.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Dr. T. F. Mayo, Agricultural and Mechanical College of Texas, College Station; Baxter Polk, College of Mines and Metallurgy, El Paso; Opal Williams, East Texas State Teachers College, Commerce; O. J. Baker, Prairie View State College, Prairie View; J. W. St. Clair, Southern Methodist University, Dallas; Prof. Cecil Horne, Texas Technological College, Lubbock; Dr. Roy A. Crouch, University of Houston; C. D. Simmons, University of Texas, Austin.
- U. S. Public Health Service:** *Director*, District IX, and *Liaison Officer*, Eighth Army Corps Area, Medical Director Knox E. Miller; *District Venereal Disease Control Consultant*, P. A. Surgeon Thomas H. Diseker, 1604 Smith Young Tower, 310 S. St. Mary Street, San Antonio; *State Venereal Disease Control Consultant*, P. A. Surgeon Joseph S. Spote, Pan American Union, El Paso.
- Work Projects Administration:** *State Director of Community Service Program*, Mrs. Mary K. Taylor, Smith Young Tower Bldg., San Antonio.

**State Department of Health, Austin.**—Since the organization of the Venereal Disease Program in Texas, the work has been in close cooperation with the State Medical Society, and its Committee on Venereal Disease Control. They have approved the program and policies before the work was started, and also any changes since its inauguration.

In counties having a sufficient population to justify it, clinics have been established. To date, 101 clinics in 65 counties are in operation. All treatments at clinics are free. Physicians are furnished drugs, free of charge, for their use in treating those in the low income group. In 124 counties that do not have clinics, physicians are furnished free drugs, through their medical society, for use in treating indigent and low income patients. Indigency is defined by each medical group.

At present, over ninety per cent of the people in Texas have some form of treatment available, and 111 of the 128 medical societies are actively engaged in promoting this campaign.

Education is carried on through lectures, motion pictures, exhibits, news items, and the radio; also, technicians are trained at the State Laboratory. During the past year, the State Health Department has made 64,729 blood tests for the Selective Service, and 100,525 tests for Texas physicians. Close cooperation is given the armed forces in the suppression of prostitution. Case finding, and case holding are continuous.

**Houston Social Hygiene Association.**—This organization which for the past ten years has conducted a voluntary program, is at present inactive, but officers and board maintain a framework on which future effort may be built when the time is ripe.

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Texas is a state where a good deal of interest has centered on the repression of prostitution in connection with the war effort. A.S.H.A. staff members, including Dr. Snow, Dr. Clarke, Mr. Johnson, Mr. Gould and Miss Pinney have visited the cities of San Antonio, Houston and El Paso during the past year for conference with health officials, army and law enforcement authorities and voluntary workers concerning the special problems involved. In San Antonio in particular Mr. Johnson spent some time working out a program which resulted in close cooperation between the various agencies concerned and a much better understanding of the social hygiene program generally, as well as in a marked improvement in conditions. In El Paso the special problems of a border city have been studied by the U.S.P.H.S. and steps taken for cooperation with health and law enforcement officials in Juarez, Mexico, which resulted in the closing of houses of prostitution in that city in June, 1942.

## UTAH

<i>Population</i>	
Urban	305,493
Rural	244,817
	<hr/>
	550,310

<i>Population rank among states</i>	41
<i>A.S.H.A. members in state</i>	31

*Social Hygiene Societies and Committees*

**Provo:** Public Health Committee, Utah Junior Chamber of Commerce: *Chairman*, D. Elden Beck, M.D., Brigham Young University.

**Salt Lake City:** Utah State Social Hygiene Association: *President*, Elias L. Day, Suite 621-24, McIntyre Bldg.; *Secretary*, Winifred H. Dyer, 1319 Kensington Avenue.

*Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, A. S. Horsley, B-10 State Capitol, Salt Lake City.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region XI:** See Missouri.

**Utah Congress of Parents and Teachers:** *President*, Mrs. L. K. Nicholson, 357 8th Avenue, Salt Lake City; *Social Hygiene Chairman*, Philo Farnsworth, M.D., 3234 S. State Street, Salt Lake City.

**Utah Congress of Social Workers:** *First Vice-President*, Mrs. Ruth P. Lohmoelder, 139 State Capitol, Salt Lake City.

**Utah Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. George Matson, 600 24th St., Ogden.

**Utah Junior Chamber of Commerce:** *President*, Jack H. Swenson, Spanish Fork.

**Utah Nurses Association:** *Executive Secretary*, Mrs. Eldo Halliday, 414 Boston Bldg., Salt Lake City; *Secretary*, State Organization for Public Health Nursing, Mrs. Ruth Mumford, 130 Capitol Bldg., Salt Lake City.

**Utah State Medical Association:** *President*, John R. Anderson, M.D., Springville; *Secretary*, D. G. Edmunds, M.D., 610 McIntyre Bldg., Salt Lake City.

**Utah Tuberculosis Association:** *Executive Secretary*, Ada Taylor Graham, 314 Beason Bldg., Salt Lake City.

**Utah Woman's Christian Temperance Union:** *President*, Mrs. Alice M. Ault, Tremonton.

*Official Agencies*

**National Youth Administration, Region XI:** See Colorado.

**Social Protection Section, Office of Defense Health and Welfare Services, Region XI:** See Colorado.

**U. S. Army, Ninth Corps Area:** Headquarters, Fort Douglas, Salt Lake City; *Veneral Disease Control Officers*, Captain Wayne C. Sims, MC.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, William Peterson; *State Home Demonstration Leader*, Myrtle Davidson, Utah State Agricultural College, Logan.

**U. S. Navy, Twelfth District:** See California.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Dr. L. H. Kirkpatrick, University of Utah, Salt Lake City; David Davies, Utah State Agricultural College, Logan.

**Utah Council of Defense:** *Vice-chairman*, Gus P. Backman, 207 S. Main St., Salt Lake City.

**Utah State Department of Education:** *Superintendent of Public Instruction and Director of Vocational Education*, Charles H. Skidmore, Salt Lake City; *Director of Health, Physical Education and Recreation*, Bernice Moss.

\* See page 239 for national headquarters.

**Utah State Department of Public Welfare:** *Director*, J. W. Gillman, Salt Lake City.

**U. S. Public Health Service:** Ninth Army Corps Area: *Liaison Officer*, Paul D. Mossman, Fort Douglas, Salt Lake City, Utah.

**Utah State Board of Health:** *Acting State Health Commissioner*, William M McKay, M.D., Salt Lake City; *Director*, Bureau of Venereal Disease Control, Welby E. Bigelow, M.D.

***Clinics or Cooperating Clinicians at:***

Ogden, Salt Lake City (2).

**Work Projects Administration:** *State Director of Community Service Programs*, Mrs. Ruby S. Garrett, 304 Newhouse Bldg., Salt Lake City.

**State Board of Health, Salt Lake City.**—Utah is keenly aware of the added health and welfare problems involved in the war emergency and has been taking steps to repress prostitution and step up its program for prevention and control of venereal diseases during the past two years. While clinics are not generally practical because the population is largely rural, three clinics are in operation, in Ogden and Salt Lake City. The Board maintains a continuous program of education.

Utah was one of the states that passed both premarital and prenatal examination laws for syphilis in 1941, the former becoming effective July 1, 1941, and the latter May 13, 1941. Both laws require a blood test by an approved laboratory, with results to be filed with the State Board of Health.

**Utah Social Hygiene Association, Salt Lake City.**—This new society, chartered in March, 1942, has a three-point program: 1. To enlarge its membership and to become established as a self-supporting organization; 2. To work in conjunction with the health authorities in spreading proper educational information on venereal diseases and related subjects; 3. To continue the program of proper law enactment and law enforcement.

Cooperation in educational efforts is reported on the part of newspapers; radio stations KSL, KDYL and KUTA, the latter carrying the Social Hygiene Day program this year; Junior Chamber of Commerce, Parent-Teacher groups, Board of Education and study groups in churches.

The Association reports that the Police in Salt Lake City closed up houses of commercial prostitution in May, 1941, and they have remained closed since then.

The Association cooperates closely with the state health department, and with the health departments of Salt Lake County and Salt Lake City. Chief efforts at present are in the organization and membership campaign to achieve a state-wide organization and cooperation of other groups interested in social hygiene objectives.

**Provo Junior Chamber of Commerce.**—The Junior Chamber's Public Health Committee reports excellent cooperation in educational efforts by newspapers, radio station KOVO, schools and colleges, and church and family welfare groups. These institutions generally

give aid to the program of law enforcement against commercialized prostitution. The Chamber is attempting to sponsor adjustment to new social conditions which have come and are still developing as a result of the national war program.

Utah groups participate regularly in *National Social Hygiene Day* observances. During past months Dr. Snow and Miss Shenelon have been visitors to Salt Lake City.

## VERMONT

*Population*  
*Urban* 123,239  
*Rural* 235,992  


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 359,231

*Population rank among states* 46  
*A.S.H.A. members in state* 28

### *Social Hygiene Societies and Committees*

**Brattleboro Social Hygiene Committee:** *Chairman*, Donald B. Hoyt.  
**Burlington: Social Hygiene Committee, Vermont Conference of Social Work:** *Chairman*, F. S. Kent, M.D., State Health Department, Burlington.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, Leslie E. Wilson, 213 Elm Street, Montpelier.  
**Kiwanis International:\***  
**Lions International:\***  
**Rotary International:\***  
**United Service Organizations, Region I:** See Massachusetts.  
**Vermont Conference of Social Work:** *Secretary*, Margaret F. Brainerd, Vermont Children's Aid Society, Burlington.  
**Vermont Congress of Parents and Teachers:** *President*, Mrs. Wallace M. Fay, Proctor; *Social Hygiene Chairman*, Mrs. G. S. Bennett, Manchester.  
**Vermont Nurses Association:** *Executive Secretary*, Mrs. Abbie L. Starkey, 3 Nelson Street, Montpelier; *Chairman*, Public Health Nursing Section, Mrs. Hortense Harwood, 348 College Street, Burlington.  
**Vermont State Medical Society:** *President*, Ernest H. Buttles, M.D., Burlington; *Secretary*, Benjamin F. Cook, M.D., 154 Bellevue Avenue, Rutland.  
**Vermont Tuberculosis Association:** *Secretary*, Harold W. Slocum, 348 College Street, Burlington.  
**Vermont Woman's Christian Temperance Union:** *President*, Mrs. Nettie B. Shedd Kidder, Irasburg.

### *Official Agencies*

**National Youth Administration, Region I:** See Massachusetts.  
**U. S. Army, First Corps Area:** See Massachusetts.  
**U. S. Department of Agriculture, Extension Service:** *State Extension Director*, J. E. Carrigan; *State Home Demonstration Leader*, Marjorie E. Luce, College of Agriculture, University of Vermont, Burlington.  
**U. S. Navy, First District:** See Massachusetts.  
**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Frederika B. Northrop, University of Vermont, Burlington.

\* See page 239 for national headquarters.

**U. S. Public Health Service:** For *Director*, District I, see New York; for *Liaison Officer*, First Army Corps Area, see Massachusetts.

**Vermont Council of Safety:** *Executive Vice-chairman*, Albert A. Cree, State House, Montpelier.

**Vermont Federation of Women's Clubs:**

**Vermont State Board of Health:** *Secretary*, Charles F. Dalton, M.D., Burlington; *Acting Director*, Division of Venereal Diseases, Henry M. Farmer, M.D.

**Clinics or Cooperating Clinicians at:  
Burlington.**

In addition to the clinic listed, the addresses of physicians giving treatment for venereal diseases under the state plan may be obtained from state, county and municipal officers.

**Vermont State Department of Education:** *Commissioner of Education*, Ralph E. Noble, Montpelier; *Supervisor of Health and Physical Education*, Alice C. Aldrich.

**Vermont State Department of Public Welfare:** *Commissioner*, Timothy C. Dale, Montpelier.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Marion Warner, Odd Fellows Bldg., Court Square, Rutland.

**State Board of Health, Burlington.**—Vermont has taken advantage of Federal allotment of funds matched by the state legislature to expand its social hygiene work. Since the population of the state is almost entirely rural, clinics are not practical, but the private physician is recognized as the one best qualified and fitted not only to keep in contact with the infected case that comes to his attention, but also to render treatment. Contact is kept with the private physician, his needs in the way of drugs attended to, consultation in the matter of treatment provided when desired. A general check-up of cases is carried on; drugs, and other treatment facilities for patients are given out to authorized sources.

The fact that both the Director and the Assistant Director of the Division of Venereal Disease Control have been called to Army duty has made it necessary to carry on the work with a minimum of time, but results are considered good.

Several important war industry plants are operating in the State with a resulting increase in population.

Particular attention is being given to an industrial hygiene program under the slogan *Yours for Health*. Primarily an educational program, the major objectives are: "(1) to promote healthy working conditions in a plant through elimination of hazards and unhealthy conditions; and (2) to improve workers' health in the plant and at home." Workers are enlisted in the *Yours for Health* plan to develop a sense of responsibility in maintaining good conditions in the plant and making suggestions, either individually or through workers' committees, to management pertaining to health conditions. Services of the Department of Public Health are available to management. Health education material is sent through the mail to workers participating in the program who also receive membership letters and a *Yours for Health* button.

Vermont's military population has also trebled during the war emergency and the USO and other organizations have arranged for recreational and leisure-time activities for soldiers on leave.

Vermont was one of the states which passed both premarital and prenatal examination laws for syphilis in 1941, both laws becoming effective on July 31, 1941. Vermont also has adequate laws against prostitution, according to the standards set up by a commission of the Federal Government following the first World War.



In the field of sex education and training of young people for marriage and family life, as well as in venereal disease control education, the State Board of Health has done outstanding work in cooperation with the State Department of Education. Lectures are regularly given on all aspects of social hygiene to high school students by a member of the Board of Health staff, and A.S.H.A. films shown.

**Vermont School of Family Life, Burlington.**—Sponsored by a committee which included representatives of the State Board of Health, the State Department of Public Education, the State Ministerial Association, the University of Vermont, the American Social Hygiene Association, and a number of other agencies, a three-day Institute on Family Life Problems has been conducted during the summer session of the University of Vermont at Burlington for some years past, with an average attendance of 150 or more. Classroom meetings and open forum discussions led by a panel, and an extensive exhibit of educational materials have been interesting features of these sessions.

Among A.S.H.A. visitors to Vermont health agencies recently have been Dr. Snow, Mr. Gould and Miss Pinney. Close cooperative relations are maintained with the State Department of Health, the Vermont Conference of Social Work and the club and parent-teacher groups.

## VIRGINIA

<i>Population</i>		<i>Population rank among states</i>	19
Urban	944,675	<i>A.S.H.A. members in state</i>	57
Rural	1,733,098		
	<u>2,677,773</u>		

### Social Hygiene Societies and Committees

**Alexandria:** Social Hygiene Committee, Alexandria Council of Social Agencies: *Chairman*, Mrs. John Robinson, 930 South St. Asaph Street.  
**Arlington:** Social Hygiene Board of Arlington County: *Executive Secretary*, Mrs. Virginia O'Dell, Court House.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, W. Glenn Elliott, 11 State Capitol Bldg., Richmond.  
**Civitan International:** *Lt. Governor*, Chesapeake District, Frank W. Burnett, 2704 N. Pershing Drive, Arlington.  
**Kiwanis International:**\*  
**Lions International:**\*  
**Medical Society of Virginia:** *President*, Roshier W. Miller, M.D., Richmond; *Secretary*, Miss A. V. Edwards, 1200 East Clay Street, Richmond.  
**Rotary International:**\*  
**Virginia Conference of Social Work:** *Secretary*, Raleigh C. Hobson, 403 Grigsby Place, Norfolk.  
**Virginia Congress of Parents and Teachers:** *President*, E. L. Fox, Ashland.

\* See page 239 for national headquarters.

- Virginia Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. William G. Watt, 2600 N. 16th Street, Arlington.
- Virginia Junior Chamber of Commerce:** *President*, Martin B. Williams, 3324 Loxley Road, Richmond.
- Virginia Nurses Association:** *Executive Secretary*, Mrs. Jessie Wetzel Faris, 811 Grace-American Bldg., Richmond; *Chairman*, Public Health Nursing Section, Mrs. Virginia Campbell, Bureau of Health, Richmond.
- Virginia Tuberculosis Association:** *Executive Secretary*, Leslie C. Foster, 504 Atlantic Life Bldg., Richmond.
- Virginia Woman's Christian Temperance Union:** *President*, Mrs. Amy C. Weech, 1333 8th Street, N. W., Washington, D. C.
- United Service Organizations, Region IV:** *Executive*, Chester D. Snell, 1010 Mutual Bldg., Richmond.

### Official Agencies

- National Youth Administration, Region IV:** See West Virginia.
- Social Protection Section, Office of Defense Health and Welfare Services, Region IV:** See District of Columbia.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, J. B. Hutcheson; *State Home Demonstration Leader*, Maude E. Wallace, Virginia Polytechnic Institute, Blacksburg.
- U. S. Navy, Fifth District:** The Commandant, Headquarters, Norfolk; *Venereal Disease Control Officer*, Commander R. B. Henry (MC), District Headquarters; Lt. Comdr. A. E. Rosenberg (MC), Naval Operating Base, Norfolk; Lt. F. F. Weiner (MC), Marine Barracks, Quantico.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, J. N. G. Finley, University of Virginia, Charlottesville; Ralph M. Brown, Virginia Polytechnic Institute, Blacksburg; James A. Hulbert, Virginia State College for Negroes, Petersburg.
- U. S. Public Health Service:** For *Director*, District II, for *Liaison Officer*, Third Army Corps Area, see Maryland.
- Virginia Council of Defense:** *Acting Coordinator*, J. H. Wyse, Old Memorial Hospital Bldg., Richmond.
- Virginia State Department of Health:** *State Health Commissioner*, I. C. Riggins, M.D., Richmond; *Director*, Division of Venereal Disease Control, E. M. Holmes, Jr., M.D.

### Clinics or Cooperating Clinicians at:

Abingdon, Alexandria (2), Altavista, Alton, Amherst, Appalachia, Arlington, Arvonias, Ashland, Beaver Dam, Bedford, Berryville, Blackstone, Blairs, Bluefield, Boykins, Bristol, Buckingham, Burkeville, Cape Charles, Charlotte Courthouse, Charlottesville (2), Chase City, Chatham, Chesterfield, Christianburg, Clarksville, Clifton Forge, Covington, Cumberland, Danville, Denbigh, Disputanta, Drivers, Dublin, Eastville, Ellerson, Emporia (2), Fairfax, Falls Church, Farmville, Fincastle, Franklin, Fredericksburg, Front Royal, Gordonsville, Gretna, Grundy, Hampton, Harrisonburg, Hopewell, Hurley, Lawrenceville, Lebanon, Lexington, Luray, Lynchburg, Madison Heights, Manassas, Marion, Martinsville, Mathews, Middleburg, Nassawadox, Newport News (2), Norfolk (3), Norton, Orange, Petersburg, Portsmouth (2), Princess Anne, Pulaski, Radford, Richlands, Richmond (4), Roanoke, Salem, South Boston, South Hill, Staunton, Stony Creek, St. Paul, Suffolk, Tappahannock, Toano, Townsend, Urbanna, Vinton, Virginia Beach, Wakefield, Waverly, Waynesboro, Williamsburg, Woodstock, Wytheville, Yorktown.

- Virginia State Department of Education:** *Superintendent of Public Instruction*, Sidney B. Hall, Richmond; *Supervisor of Physical and Health Education*, E. V. Graves.
- Virginia State Department of Public Welfare:** *Commissioner*, William H. Stauffer, Richmond.
- Work Projects Administration:** *State Director of Community Service Program*, Ella G. Agnew, 11 South 12th Street, Richmond.

**Virginia State Department of Health.**—At a meeting held in June, 1940, with representatives of several coast cities and the military, it was unanimously agreed that a concerted effort should be made to strengthen the venereal disease program in that area. The State Department of Health was designated to coordinate this program. On July 1, a program was inaugurated with the hope of preventing any increase in venereal disease infection. At the end of the year there had been no increase in the reported number of cases of syphilis, while in other defense areas of Virginia there had been. Control measures, with the cooperation of military authorities, police and court officials, and civilian clinics in the area, alone were responsible for the results which have been obtained.

On October 1, 1940, a new program was inaugurated to have all men rejected because of syphilis by the Selective Service examining boards brought to treatment. Since then the Division has handled over 46,000 records of laboratory reports of serologic tests, for the local medical examiners; sent, at monthly intervals, lists of infected individuals to local health authorities for their investigation; and later recorded reports of the results of the investigations received from local areas.

Based on preliminary analysis, after eight months' experience with the program of the serologic tests given, approximately 4,039 were reported as positive and placed under suspicion of being infected with syphilis. They must be located and re-checked to establish their status as to infection. At the end of June, 1941, over 50 per cent of them had been investigated and placed under treatment.

In December, 1940, and January, 1941, a second study of the performance of serodiagnostic tests for syphilis was conducted by this Division in cooperation with the Department's laboratory. Under the terms of the Premarital Examination Act, laboratories must be approved by the State Health Department to perform such tests. Approval is based on the demonstration of a satisfactory sensitivity and specificity rating. In the first study in May, 1940, only 30 laboratories participated, and the ratings were so low that the second study was made within a year. Fifty-four laboratories were evaluated in the two studies and 36 were approved.

In April, 1941, a program for the control of gonorrhea was announced. This new activity necessitated the preparation and release of clinic records, educational material, and instructions on the treatment and clinic management of cases of gonorrhea to all health departments. Sulfathiazole was added to the free drug list for the treatment of clinic cases of gonorrhea.

In May arrangements were made with the Selective Service Board to investigate selectees rejected by the local examining board because of infection with gonorrhea. A system was developed to refer these individuals to physicians or clinics in the hope that they would be rehabilitated and called for re-examination by the Selective Service Board. The health officers were informed of the program. A detailed brochure on the diagnosis and treatment of gonorrhea in the male was prepared and sent to all physicians. This was so well received it was deemed advisable to prepare a similar brochure on the diagnosis and treatment of the disease in the female. To further the cooperation of the physicians in the program, sulfathiazole was made available free of charge for the treatment of rejected selectees.

On August 1, 1940, the premarital legislation for venereal disease control became effective. Though it placed a great burden on the laboratory and the clerical staff of the venereal disease division which handles the reports, a great deal of good has been accomplished. It has been of positive value in the improvement achieved in the performance of serodiagnostic tests as shown in the evalua-

tion studies described above. It has been of educational value and given many individuals the assurance that they and their marital partners are free of syphilis. In cases of individuals found infected before marrying, both parties have been informed of the fact and instructed concerning the importance of treatment to themselves and their future offspring. This point is particularly important for females in the child-bearing age group, for without such information many of those who were infected would bear congenitally maimed and crippled children.

Eighty-three per cent, of the total examinations were made on individuals under 30 years of age—the group to whom this knowledge is most important. Moreover, since it is generally accepted that 50 per cent of all new cases of syphilis occur in the age group 21 to 30, the examinations of these individuals is particularly valuable in efforts to control the disease. Without this legislation, many of the 1,357 individuals found infected in this age group would never have been aware of their infection and, therefore, would not be under treatment. It is of interest, too, to note that the infection rate among females of child-bearing age is approximately the same as the rate determined for that group in previous prevalence studies made in Virginia.

In cooperation with the Bureau of Industrial Hygiene and Laboratories, surveys were made of the knitting and woolen mills of Orange County and of certain industries in Albemarle. Each of these surveys was preceded by educational programs, utilizing talking motion pictures, printed bulletins, posters, and talks in an attempt to achieve voluntary cooperation of the employees. As a result of this work, each of these industries now requires serologic examinations as a prerequisite to employment.

At the end of the year, there were 108 clinics holding 184 weekly sessions in the State. During the year, 11 new clinics were added and 10 dropped because they did not meet the minimal requirements or because the venereal disease problem in the area they served had decreased to the point where it was not considered administratively worthwhile to continue them. Ninety-one of these clinics are located in cities and counties with full-time health service, serving 70 per cent of the population of the State, and 17 in counties without health service, serving 30 per cent of the population. There is need of more clinics where there are no health departments, but it is felt that without proper case finding and follow-up work, the clinics will continue to have poor attendance.

Considerable attention was given to the improvement of treatment and diagnostic standards in the clinics through field visits and consultations. Three hundred and fourteen physicians served as clinicians during the past year. Through the State Department of Health clinic subsidy plan, honoraria were granted to these physicians in the amount of \$36,037.

Free drugs were distributed to clinics and physicians of the State for the treatment of cases of syphilis in the amount of \$46,292.60, a total of 775,483 doses which would render adequate treatment to approximately 18,800 individuals.

Through field visits of the Division's personnel and the advisory nurses of the Bureau of Public Health Nursing, as well as through informative reprints, the current aspects of case-holding and case-finding were emphasized. Particular emphasis was placed on the follow-up of early infectious cases and their sex contacts in an effort to conserve time and to minimize unproductive field visits. This program was not limited to clinics, but included the investigation and follow-up of cases for private physicians. Improvement was made in contact investigation and in case-holding by using the persuasive approach and the education of the patient rather than legal measures.

A system has been designed for the field investigation of cases reported through the marriage examination law and the Selective Service program. Letters are sent to individuals infected with syphilis or gonorrhea and to suspect cases of syphilis, requesting them to report for examination. When they do, they are examined in a clinic or referred to their family physician. In the event that they do not respond to the letters, a field visit is made, and if this fails to accomplish the desired results, legal steps are taken.

The Division, in cooperation with the Bureau of Rural Health and the Bureau of Public Health Nursing, held six regional conferences in which the epidemiology of syphilis and gonorrhea was thoroughly discussed.

The educational program of the laity was conducted through public addresses, silent and sound motion pictures, and the distribution of bulletins and folders concerning syphilis and gonorrhea. The Division continued its policy of rendering consultation service to private physicians of the State and of releasing timely and current information on therapeutics and diagnosis. All physicians were circularized with venereal disease supplements on treatment and diagnostic procedures in syphilis. They were supplied with a brochure on the new legislation requiring a serologic examination before marriage, and a list of the approved laboratories.

The morbidity reporting system was revised to meet the minimal standards as recommended by the United States Public Health Service and the Cooperative Clinical Group's committee on nomenclature. Reports from physicians were requested by name and classified diagnosis. A system of mechanical tabulation of records was installed in December, 1940. This system became necessary as the volume of records to be tabulated and filed increased from approximately 20,000 a year to 210,000.

All records used in clinics and local health departments were revised and a detailed manual with instructions for use and filing was prepared and sent to all local health departments.

Long-time efforts on the part of the State Department of Health and cooperating voluntary groups which worked closely with the A.S.H.A. laid the ground work for the splendid progress of recent years. The Virginia Social Hygiene Council, now inactive, at one time correlated these activities. The Council of Social Agencies of Richmond has bolstered social hygiene work in that city, and a number of the educational institutions regularly give courses on marriage and family life for both young men and young women students. Social Hygiene Day is celebrated each year.

Dr. Clarke and Mr. Stenek of the A.S.H.A. staff have visited Richmond during past months.

## WASHINGTON

*Population*  
*Urban* 921,969  
*Rural* 814,222  
 1,736,191

*Population rank among states* 30  
*A.S.H.A. members in state* 73

### *Social Hygiene Societies and Committees*

**Tacoma:** Social Hygiene Committee, Tacoma and Pierce County Public Health Council: *Chairman*, Percy Cox, 409 Provident Bldg.

### *Other Voluntary Agencies*

**American Legion:** *Department Adjutant*, J. J. Long (acting), 5134 Arcade Bldg., Seattle.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

\* See page 239 for national headquarters.

- Washington Congress of Parents and Teachers:** *President*, Mrs. J. S. Stewart, 557 17th Ave., Longview; *Social Hygiene Chairman*, David W. Gaiser, M.D., 841 Cliff, Spokane.
- Washington Council of Church Women:** *Secretary*, Mrs. W. L. Stone, 20 H. Street, S.E., Auburn.
- Washington Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. George Cole, 814 5th Avenue, S.W., Puyallup.
- Washington Junior Chamber of Commerce:** *President*, Mearns T. Gates, Box 271, Pomeroy.
- Washington State Conference of Social Work:** *President*, George S. Chessum, Graduate School of Social Work, University of Washington, Seattle.
- Washington State Medical Association:** *President*, George W. Cornett, M.D., Yakima; *Secretary*, V. W. Spiekard, M.D., 1305 Fourth Avenue, Seattle.
- Washington Nurses Association:** *Executive Secretary*, Marian G. Kent, Room 1110 Textile Tower, Seattle; *Chairman*, General Staff Nurses Section, Claribel Mercer, 4239 Orcas Street, Seattle.
- Washington Tuberculosis Association:** *Executive Secretary*, Mrs. B. B. Buchanan, 918 Terminal Sales Bldg., Seattle.
- Washington Woman's Christian Temperance Union:** (*East*) *President*, Mrs. Ruby Lane Colman, N. 2513 Madelia St., Spokane; (*West*) *Headquarters*, 5103 Arcade Bldg., Seattle. *In charge*, Mrs. Louise E. Young; *President*, Mrs. Winifred M. Lewis.
- United Service Organizations, Region XII:** See Oregon.

### Official Agencies

- National Youth Administration, Region XII:** See California.
- National Protection Section, Office of Defense Health and Welfare Services, Region XII:** See California.
- U. S. Army, Ninth Corps Area:** See Utah.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, F. E. Balmer; *State Home Demonstration Leader*, M. Elmina White, State College of Washington, Pullman.
- U. S. Navy, Thirteenth District:** The Commandant, Headquarters, Seattle; *Veneral Disease Control Officer*, Lt. A. N. Johnson (MC).
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Glenn H. Jones, State College of Washington, Pullman; Ethel Christoffers, University of Washington, Seattle.
- U. S. Public Health Service:** For *Director*, District V, see California; for *Liaison Officer*, Ninth Army Corps Area, see Utah.
- Washington State Defense Council:** *Executive Director*, Irving S. Smith, Room 327, 305 Harrison Street, Seattle.
- Washington State Department of Education:** *Superintendent of Public Instruction*, Mrs. Pearl A. Wanamaker, Olympia.
- Washington State Department of Social Security:** *Director*, Charles F. Ernst, Box 1162, Olympia.
- Washington State Department of Health:** *State Director of Health*, Donald G. Evans, M.D., Seattle; *Epidemiologist*, Control of Syphilis and Gonorrhea, L. A. Dewey, M.D.  
(On leave for Army duty. Acting in his absence is P. A. Surgeon Harold L. Lawrence, U.S.P.H.S.)

### Clinics or Cooperating Clinicians at:

- Aberdeen, Bellingham, Bremerton, Centralia (2), Colfax, Everett, Kelso, Olympia, Port Angeles, Seattle (3), Spokane, Tacoma, Vancouver, Walla Walla, Wenatchee, Yakima.
- Work Projects Administration:** *State Director of Community Service Program*, Mrs. Louise S. Taylor, 422 Alaska Bldg., Seattle.

**State Department of Health, Seattle.**—Recent events may be summarized as follows:

Three additional clinics for the treatment of syphilis and gonorrhea have been established since 1938 and personnel and equipment have been increased in all clinics previously in operation. Nine of the seventeen existing clinics are equal to the local needs. At least two more clinics are needed. The venereal disease control program in this Department is fairly complete with the exception of a control program in industry, which is very weak. The program is receiving adequate appropriations and public support. The chief deficiency felt in the program is in trained personnel, particularly in the field of Public Health nursing. Very little cooperation has yet been received from state and local pharmaceutical societies in the campaign against quackery.

All newspapers and other publications in the State now cooperate fully in the campaign against venereal disease with the exception of one of the principal newspapers, which still refuses to mention the diseases by name. Radio stations throughout the State cooperate fully in the program. A weekly program is carried on by this Department over KIRO, Seattle. Preliminary arrangements have been made for the use of car cards carrying venereal disease information in the Seattle Municipal Transit System.

This Department has cooperated with the Army, United States Public Health Service and the Division of Social Protection for the most of the past two years in securing the repression of commercialized prostitution. The active support of the Seattle Municipal League for Better Government, the Association of Parents and Teachers, the Associated Women's Club, and various other similar organizations, has been secured in the campaign for repression. No facilities are yet available for rehabilitation of women and girls who have been engaged in prostitution.

A law requiring serological tests on pregnant women was passed by the Legislature in 1939 and took effect on January 2, 1940.

It is believed that the sex education program in the schools and colleges in this State is inadequate to the need. Venereal disease and sex education activities are carried on by the Associated Women's Club and to some extent by the Lion's Club.

There are numerous extensive industrial plants engaged in the production of war materials in this State. This Department and local health departments are carrying on very limited programs in connection with some of these plants through the distribution of literature and the showing of films. Two industrial establishments in the State perform serological tests for syphilis on applicants for employment and refer those found infected to health department clinics. No comparable attempt is made to discover gonorrhea in employees.

There are also a number of Army and Navy establishments in the State including installations now under construction. The chief effort connected with these establishments has been directed toward securing the suppression of commercialized prostitution, decreasing in so far as possible other types of prostitution. Since August 1, 1941, commercialized prostitution has been suppressed in 22 cities in this State. While suppression has not been complete in these cities, there has been at least a 90% to 95% reduction. Since suppression went into effect there has been a very notable decrease in reports of gonorrheal infection to this Department. In addition, there has been a marked decrease in venereal disease rates in the Army. At the present time the State Liquor Control Board is cooperating in eliminating tavern solicitation.

**Tacoma Department of Health.**—Outstanding activities are as follows:

In July, 1940, the Tacoma City Clinic and Pierce County Clinic were merged under one treatment facility known as the Tacoma Public Health Clinic and administered by the Director of the Tacoma Health Department. In August, 1940, the clinic was moved from crowded quarters in the City Hall to a 10 room clinic in the Provident Building which is centrally and conveniently located. New equipment was purchased and the gonorrhea treatment facilities were greatly

improved. All of this was made possible through funds from the United States Public Health Service. In July, 1940, two part-time physicians were appointed, one a specialist in syphilis, and the other in genito-urinary diseases, with salaries provided from U.S.P.H.S. funds. Their services are for diagnosis and treatment. Two full-time public health nurses, also paid by U.S.P.H.S. funds, are on the staff, as are a full-time clinic nurse and full-time clerk whose salaries are paid by the city. The ten public health nurses on the city staff have received special training in epidemiological techniques of venereal diseases and carry the routine load of the follow-up work. One male Venereal Disease investigator from the State Department of Health cooperates on difficult cases of follow-up where night work is required.

The State Department of Health dispenses arsenicals and heavy metal drugs to private physicians, using the City Health Department as the distributing agency. It also furnishes sulfathiazole and sulfadiazine to the Tacoma Public Health Clinic for the treatment of gonorrhea. An additional program of case finding has been worked out with the military agencies of the area, functioning through the State Department of Health. All sources and contacts from army venereal disease cases are reported to the local health department for follow-up. No formal program with the local pharmaceutical societies is sponsored by the Tacoma Health Department.

The two daily papers give freely of their space to articles as offered pertinent to the venereal disease program. At the institution of the suppression of prostitution program they printed articles. Radio Station KVI in Tacoma donates 15 minutes weekly to a health broadcast known as, *How's Your Health?* At timely intervals the venereal disease program is emphasized. During 1941 two radio talks were given on venereal diseases. Radio Station KMO donates 15 minutes one evening weekly to the Mayor of Tacoma. As he is particularly interested in the venereal disease program, educational information has been given by him, particularly, regarding the suppression of prostitution. Fourteen talks to various groups and the public were given in 1941.

The Tacoma Public Health Council, which is an organization representing various civic, social, club and church groups, made a study of commercialized prostitution in Tacoma in 1940 and 1941. Following this the Tacoma Public Health Council sponsored a program for the suppression of prostitution in Tacoma. An intensive educational program of radio talks, talks to groups and to the public, and newspaper articles was instituted. The military agencies also gave full cooperation and were personally identified with the program for suppression.

On August 1, 1941, the houses of prostitution were closed. A few have opened spasmodically but only for a short duration. The city police department has aided in the enforcement of suppression of prostitution. The county sheriff and staff have also assisted in preventing the opening of the houses in the rural areas.

In prevention of sex delinquency, the Travelers Aid, the Catholic Charities, and the U.S.O. have enlarged their staffs and are carrying a full-time program in caring for the large number of young girls who have come into the area. Many are soldiers' sweethearts and wives. They assist in providing information for housing, employment, and in some cases furnish transportation to return the girls to their homes. The Pierce County Welfare, the Family Welfare, and the Catholic Charities have assisted girls who were engaged in prostitution in finding other employment.

In 1940 prenatal examination for syphilis became a law in the State of Washington. Through the Public Health Council all church and social agencies actively support effective enforcement.

The public school program includes a course in *Home Relations*. Sex information is correlated in the curricula of Physical Education for boys and Home Economics for girls. The College of Puget Sound offers a course, *Marriage and the Home*, which deals with courtship, marriage, and moral, social and economic aspects. A sociology course entitled, *The Family*, is relative to social case work. A required course in health education for both sexes deals with social hygiene, venereal diseases, and personal hygiene.



A required subject for all students at Pacific Lutheran College is, *Health Essentials*, which incorporates social hygiene in broad aspects. A sociology course in family life offers training in marriage and parenthood from social, economic, and moral angles. Freshmen are given an orientation course in phases of college life including lectures on personal hygiene and sex from an individual basis. Prenatal classes for wives of enlisted men are sponsored by the Public Health Nursing Association of the Tacoma Health Department. These classes incorporate information on marriage, parenthood, and family life.

Pamphlets and other literature on marriage and family relations are distributed by the U.S.O. under a special project sponsored by the Tacoma Public Health Council.

One and one-half years ago, Tacoma, a city of approximately 110,000 population, was moving along in comparatively normal channels. Tacoma has five waterways in its harbor in Puget Sound. This coupled with the fact that cheap electric power is available makes Tacoma a natural industrial center. Most of the industries have expanded and new ones developed and are engaged in the production of war materials. At present no agency is carrying informational or cooperative activities in the social hygiene field with industrial management or the labor groups. A program is under consideration at present and efforts are being made to make it a reality in the near future. Some of the industries are giving blood tests for syphilis as part of the examination for employment, which is being done on a contract basis with a medical agency in the community.

Within the boundaries of Pierce County in which Tacoma is located are 3 major military centers having a total of approximately 80,000 men and officers. An Army-Navy Club, four U.S.O. centers, a Lutheran Service Men's Club, one Travelers Aid U.S.O., and one Junior Hostess Bureau have been organized to provide entertainment, wholesome conditions, and assistance for service men and their families.

The Boy Scouts, Girl Scouts, Camp Fire Girls, incorporate social hygiene in their programs in the prevention of sex delinquency.

The Children's Division of the County Welfare Department functions in placing children in supervised foster homes to improve social conditions.

**Tacoma: Social Hygiene Committee: Health Section of the Tacoma Community Council.**—The purpose of this Committee is to work for ultimate legislation leading to the teaching of social hygiene in the public schools. A panel discussion before the Tacoma PTA Council elicited favorable response. Preliminary correspondence with the health councils of Seattle and Spokane indicated interest that could be enlisted in cooperative effort. The Federated Women's Clubs also expressed interest in supporting such legislation.

A Committee on Special Education, to deal with the Suppression of Prostitution was extremely active during the spring and summer of 1941, meeting almost weekly. Considerable study, research and activity resulted in the following projects:

A study of prostitution and venereal disease in Tacoma and Pierce County; also a digest of expert opinion and the experience of other cities throughout the world in suppressing prostitution. . . . Dr. Donald H. Williams, head of the V. D. Department of British Columbia, who had successfully organized a program of suppression was guest speaker at the spring quarterly meeting of the Health Council. He made an excellent impression and his talk was publicized. . . . Subsequently a public mass meeting was arranged at the Jason Lee Junior High with Dr. Williams as speaker, affording another opportunity for educational publicity. Press, radio and word of mouth publicity were also used. . . . Pamphlets issued by the American Social Hygiene Association were purchased and made available for distribution. . . . Letters and telegrams to senators and representatives urging passage of the May Bill. . . . Meetings in cooperation with Army,

state, regional, and national health officers. Cooperation in connection with educational program to help in the enforcement of May Bill provisions.

On the legislative side, also, the Health Council endorsed S B No. 12 which would have provided for premarital physical examinations to determine venereal infection, but this bill was defeated.

Though the farthest removed from national headquarters, Washington is a state with which A.S.H.A. contacts and cooperation are frequent and close. Staff visits to the cities of Seattle, Tacoma, Spokane and Wenatchee have been made during the past year by Dr. Snow, Dr. Clarke, Dr. Storey and Miss Shenhon, who took part in the State Conference of Social Work in 1941. The plan for closing the prostitution houses was worked out with the A.S.H.A. as a participant.

## WEST VIRGINIA

<i>Population</i>		<i>Population rank among states</i>	26
Urban	534,292	<i>A.S.H.A. members in state</i>	28
Rural	1,369,682		
	1,901,974		

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, G. Stanley Hamric, Room 7, State Capitol Bldg., Charleston, W. Va.

**Civitan International:** *Lt. Governor*, North Central District, Henry Voight, 9th and Market Streets, Wheeling, W.Va.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region IV:** See Virginia.

**West Virginia Conference of Social Work:** *Executive Secretary*, William H. Naggs, 1627 South Davis Avenue, Elkins.

**West Virginia Congress of Parents and Teachers:** *President*, Mrs. H. S. Klein, 707 Chesapeake & Ohio Bldg., Huntington; *Social Hygiene Chairman*, Dorothea Campbell, State Health Department, Charleston.

**West Virginia Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. E. S. Hamilton, Williamson.

**West Virginia Junior Chamber of Commerce:** *President*, Leonard Shawkey, 1st Huntington National Building, Huntington.

**West Virginia Nurses Association:** *Executive Secretary*, May M. Maloney, 47 Capitol City Bldg., Charleston; *Chairman*, Public Health Nursing Section, Kathryn Henderson, 206 Catherine Street, Sistersville.

**West Virginia State Medical Association:** *President*, Richard O. Rogers, M.D., Bluefield; *Secretary*, Mr. Charles Lively, 1031 Quarrier Street, Charleston.

**West Virginia State Teachers Association:** H. D. Hazelwood, Douglass High School, Huntington; Leonard Barnett, London.

**West Virginia Tuberculosis and Health Association:** *Executive Secretary*, Edmund P. Wells, 330 Professional Bldg., P. O. Box 341, Charleston.

**West Virginia Woman's Christian Temperance Union:** *President*, Mrs. Ernest Henson, 1013 Wyoming St., Bluefield.

\* See page 239 for national headquarters.

### Official Agencies

- National Youth Administration, Region IV:** *Regional Director of Youth Personnel*, Theodore Keller, Atlas Bldg., Quarrier Street, Charleston.
- Social Protection Section, Office of Defense Health and Welfare Services, Region IV:** See District of Columbia.
- U. S. Army Fifth Corps Area:** See Ohio.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, J. O. Knapp; *State Home Demonstration Leader*, Gertrude Humphreys, College of Agriculture, West Virginia University, Morgantown.
- U. S. Navy, Fifth District:** See Virginia.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Centers*, Rosa Oliver, Marshall College, Huntington; Miles M. Jefferson, West Virginia State College, Institute; W. P. Kellam, West Virginia University, Morgantown.
- U. S. Public Health Service:** For *Director, District II*, see Maryland; for *Liaison Officer*, Fifth Army Corps Area, see Ohio.
- West Virginia State Council of Defense:** *Executive Director*, Carl Bachmann, State Capitol Bldg., Charleston.
- West Virginia State Department of Education:** *Superintendent of Free Schools*, W. W. Trent, Charleston; *Supervisor of Negro Schools*, I. J. K. Wells.
- West Virginia State Department of Health:** *State Health Commissioner*, C. F. McClintic, M.D., Charleston; *Acting Director, Bureau of Venereal Diseases*, Leon Saler, M.D.

### Clinics or Cooperating Clinicians at:

Beckley, Bluefield, Buckhannon, Charleston (2), Charles Town, Clarksburg, Clay, East Rainelle, Elk Garden, Elkins, Fairmont, Farmington, Fayetteville, Glenville, Grafton, Grantsville, Hamlin, Harrisville, Hinton, Huntington, Keyser, Kingwood, Lewisburg, Logan, Madison, Man, Marlinton, Martinsburg, Montgomery, Morgantown, Moundsville, Mullens, New Cumberland, New Martinsville, Omar, Parkersburg, Parsons, Petersburg, Philippi, Point Pleasant, Princeton, Richwood, Ripley, Romney, Shepherdstown, Spencer, Summersville, Sutton, Union, Wayne, Webster Springs, Weirton, Welch, Wellsburg, Weston, West Union, Wheeling, Whitesville, Williamson, Winfield.

**West Virginia State Department of Public Assistance:** *Director*, A. W. Garnett, Charleston.

**Work Projects Administration:** *State Director of Community Service Program*, Mrs. Irene Gillooly, Deardorf-Sisler Bldg., Huntington.

### State Department of Health, Charleston:

Venereal disease control activities in West Virginia during the fiscal year 1941-2 were handicapped due to the continued vacancy of three key positions—the Director of the Bureau of Venereal Diseases; Consultant, Bureau of Venereal Diseases; and Director of the Logan Field Demonstration, all due to the war. In addition to these, four health officers and nine venereal disease clinic directors entered the army or navy during the year. Only 22 of the 59 free venereal disease clinics in the state were operated under the supervision of a full-time qualified health officer. It is expected that the loss of personnel will continue and the operation of the venereal disease control program will be necessarily handicapped as time goes on.

All venereal disease clinic facilities, including personal services, quarters, and equipment, were made available to the local Selective Service boards in the various counties in order to facilitate the blood testing, examination, and classification of Selective Service registrants. The greater proportion of blood tests performed on Selective Service registrants are now performed by health department personnel in health department quarters.

In order to maintain present services, nurses serving in venereal disease clinics were authorized to take blood specimens and to administer intravenous and intramuscular treatments provided the physician in charge was present in the quarters. This action was made necessary through the removal of doctors from many clinics.

**Education:**

*a. Professional.*—In addition to lectures concerning venereal disease given before several medical societies, 2,600 supplements and reprints to *Venereal Disease Information* were distributed to West Virginia physicians during the year.

Ten physicians, six of whom were private practitioners were given 30 days venereal disease training at the United States Public Health Service Medical Center in Hot Springs, Arkansas.

*b. Lay.*—Newspaper advertising was purchased in all West Virginia daily papers and six weeklies on two occasions, in connection with venereal disease education.

Radio broadcasts (free time) were released in connection with Social Hygiene Week by health officers in those jurisdictions having facilities for same.

Sixty thousand (60,000) VD education pamphlets were distributed.

The pamphlet *We Grow Up* was distributed to all West Virginia second year high school students and plans were formulated to repeat this distribution annually.

*Treatment Facilities:* Fifty-nine free clinics were operated in forty-nine of the fifty-five counties of the state. These clinics continue to diagnose and treat both gonorrhea and syphilis.

Diagnostic, therapeutic, and management methods conform to the recommendations of the Syphilis Cooperative Clinical Group (for syphilis) and the recommendations of the Executive Committee of the American Neisserian Medical Association (for gonorrhea).

Due to the lack of public health nurses in practically all jurisdictions, four untrained persons were employed for venereal disease follow-up work. Preliminary evaluation of the effectiveness of the work performed by these persons indicates that their employment is justifiable.

*Case-finding:* During the year 4,525 cases of syphilis were admitted to the free clinics and of these 994, or 22 per cent were admitted with primary or secondary syphilis.

2,152 cases of gonorrhea were admitted during the same period. Of the total venereal disease admissions to free clinics, gonorrhea accounted for 32 per cent. From the 4,530 infectious, or potentially infectious venereal disease cases admitted (primary, secondary, early latent syphilis and gonorrhea), 2,935 contacts were reported—or a ratio of .65/1. Of 2,935 contacts reported but 767, or 26 per cent were found infected.

The Serologic Survey operating in connection with Selective Service accounted for 4,391 cases of syphilis of whom 1,319 were placed under treatment. Comparable data pertaining to gonorrhea is not available.

Of 8,345 persons examined under the marriage law, 360 were found infected.

Case-finding work in West Virginia remains unsatisfactory with regard to both the serologic survey and epidemiological methods.

*Case-holding:* During the year, 9,769 patients were reported delinquent (delinquency—30 days absence from the clinic without permission) and 4,306, or 44 per cent returned to treatment.

*Cooperation with Armed Forces:* No military or naval commands of appreciable strength were located in the state during the year.

*Morbidity Reporting and Cooperation of Physicians in Private Practice:* The

reporting of venereal diseases by physicians in private practice was unsatisfactory in all but two (Logan and Raleigh) of the fifty-five counties.

**Law Enforcement:** The office of the Social Protection Section (Defense Health and Welfare Services) detailed one of their agents to the state for the purpose of organizing community interest in the prostitution problem. To date this program has consisted principally of laying the groundwork for an attack on prostitution in many West Virginia cities. It is, of course, common knowledge that prostitution is widespread in West Virginia, as in other states. Hope is entertained that where prostitution is particularly extensive and vicious (Wheeling, Huntington and Charleston) it will be effectively repressed as a result of the operation of this agency.

**Statistical:** The following data were submitted by venereal disease clinics to the State Health Department on U. S. Public Health Service form 8954-A and a comparison is shown for the past two fiscal years.

	<i>Fiscal Year</i> 1940-41	<i>Fiscal Year</i> 1941-42
<b>Admissions:</b>		
Syphilis . . . . .	3,910	4,525
GC . . . . .	1,528	2,152
<b>Cured:</b>		
Syphilis . . . . .	848	1,176
GC . . . . .	265	475
<b>Delinquent:</b>		
Reported . . . . .	8,362	9,769
Returned . . . . .	3,007	4,306
<b>Contacts:</b>		
Reported . . . . .	2,077	2,935
Infected . . . . .	753	767
<b>Treatments:</b>		
Syphilis . . . . .	153,295	158,390
GC . . . . .	9,305	8,840
<b>Visits . . . . .</b>	<b>183,599</b>	<b>198,025</b>

## WISCONSIN

<i>Population</i>	<i>Population rank among states</i>	13
Urban 1,679,144	<i>A.S.H.A. members in state</i>	81
Rural 1,458,443		
<hr/> 3,137,587		

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

**American Legion:** Department Adjutant, G. H. Stordock, 225 E. Michigan St., Milwaukee.

**Civitan International:** Lt. Governor, North Central District, Harvey Hartwig, 2028 E. Park Place, Milwaukee, Wis.

**Kiwanis International:\***

**Lions International:\***

**Rotary International:\***

\* See page 239 for national headquarters.

- State Medical Society of Wisconsin:** *President*, Gunnar Gundersen, M.D., LaCrosse; *Secretary*, C. H. Crownhart, 110 E. Main Street, Madison.
- United Service Organizations, Region VI:** See Illinois.
- Wisconsin Anti-Tuberculosis Association:** *Executive Secretary*, Dr. Oscar Lotz, 1018 N. Jefferson Street, Milwaukee.
- Wisconsin Conference of Social Work:** *Secretary*, Frank M. Vicroy, 313 University Extension Bldg., Madison.
- Wisconsin Congress of Parents and Teachers:** *President*, Mrs. Roger Scott, Route 5, Box 367, Waukesha; *Social Hygiene Chairman*, Aimee Zillmer, State Board of Health, Madison.
- Wisconsin Council of Church Women:** *President*, Mrs. L. B. Moseley, 1819 Keyes Avenue, Madison.
- Wisconsin Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. E. H. Miles, 910 Whitewater St., Fort Atkinson.
- Wisconsin Junior Chamber of Commerce:** *President*, Leslie J. Valleskey, 907 South 8th Street, Manitowoc.
- Wisconsin Nurses Association:** *Executive Secretary*, Mrs. C. D. Partridge, 3727 E. Layton Avenue, Cudahy; *Secretary*, State Organization for Public Health Nursing, Phoebe Brown, 710 N. Plankinton Ave., Milwaukee.
- Wisconsin Woman's Christian Temperance Union:** *Headquarters*, 1127 W. John St., Madison. *In charge*, Mrs. J. W. Landsdowne; *President*, Mrs. Emma Mielke, 525 Ransom St., Ripon.

### Official Agencies

- National Youth Administration, Region VI:** See Illinois.
- National Protection Section, Office of Defense Health and Welfare Services, Region VI:** See Illinois.
- U. S. Army, Sixth Corps Area:** See Illinois.
- U. S. Department of Agriculture, Extension Service:** *State Extension Director*, W. W. Clark; *State Home Demonstration Leader*, Blanche L. Lee, College of Agriculture, University of Wisconsin, Madison.
- U. S. Navy, Ninth District:** See Illinois.
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*, Dean Frank O. Holt, University of Wisconsin, Madison.
- U. S. Public Health Service:** For *Director, District III*, and for *Liaison Officer, Sixth Army Corps Area*, see Illinois.
- Wisconsin Council of Defense:** *Executive Secretary*, Seth Pollard, 110 East Wisconsin Ave., Milwaukee.
- Wisconsin State Board of Health:** *State Health Officer*, C. A. Harper, M.D., Madison; *Venereal Disease Control Officer*, Milton Trautman, M.D.; *Social Hygiene Lecturers:* Aimee Zillmer, Dwight Warner.

### Clinics or Cooperating Clinicians at:

- Beloit, Green Bay, Janesville, Kenosha, La Crosse, Madison, Milwaukee (5), Oshkosh, Racine, Superior, Waukesha, Wausau.
- Wisconsin State Department of Education:** *Superintendent of Public Instruction*, John Callahan, Madison.
- Wisconsin State Department of Public Welfare:** *Director*, Frank C. Klode, Madison.
- Work Projects Administration:** *State Director of Community Service Programs*, Mrs. Harriet G. Deuss, 149 Wilson Street, Madison.

**State Board of Health, Madison:** "At the time the venereal disease program was originated cooperative arrangements were made between the State and a number of cities in Wisconsin for the establishment of venereal disease clinics. Such clinic services are in existence in Beloit, Janesville, Kenosha, LaCrosse, Madison, Oshkosh, Racine, Superior, Green Bay, Waukesha, Milwaukee, Wausau.

The object of establishing these clinics is to provide treatment facilities to those who cannot afford the services of a physician, or are referred by a physician. In addition the State Health Board distributes arsenicals, bismuth, and mercurials to physicians without charge for the treatment of indigent syphilis patients. This service has been increased during the past year.

"With the establishment of the clinics referred to above the State Board of Health employed seven clinic nurses. Their function is to assist the physician in the clinic, inquire into the financial status of the patient, visit courts and jails for the discovery of cases, and to follow up delinquents in treatment. The services of these clinic nurses have been offered to local physicians for follow-up of their patients. As the clinics treat all forms of syphilis the follow-up work is extended to non-communicable cases also. The constancy of attendance at clinics often depends on the follow-up work of these nurses. Cities served by these state clinic nurses are Beloit, Janesville, Kenosha, La Crosse, Madison, Milwaukee, Oshkosh, Racine, Superior, Waukesha, Green Bay.

"The law empowers an agent of the State Board of Health to investigate any reasonably suspected case of venereal disease for which no treatment is given by a physician licensed to prescribe drugs. In some of the larger cities the reports are referred to the venereal disease clinic nurses employed by the State Board of Health. By an enabling act, a physician health officer may also investigate in any specific case referred to him by the state health officer, and in many instances reports are referred to such health officers. Throughout the greater part of Wisconsin, however, delinquent reports are turned over to the various deputy state health officers. Every part of the state, both urban and rural, is thus reached by these arrangements. Success in getting delinquents back under treatment has been remarkably good. If the delinquent can be located, he generally complies with the demands of the law. If he neglects or refuses treatment, he may be brought into court and committed to an institution for treatment. Every year a number of persons of both sexes are committed to institutions for such treatment, the great majority going to the Mendota State Hospital or the Wisconsin Industrial Home for Women at Taycheedah.

"Gonorrhea, syphilis, and chaneroid, in the communicable form, must be reported by the physician in charge of the case directly to the State Board of Health and not to local health officers. The superintendent of an institution is also under legal obligation to report such cases. Reports bear a serial number instead of the name of the patient, but if the patient is delinquent in treatment while in the communicable stage, the name and address must then be reported to the State Board of Health.

"From the beginning of the venereal disease control program it was realized by the health agencies concerned that prevention through education was a vital factor to its success. Hence for the past 18 years the State Board of Health has employed lecturers in social hygiene for duty in public schools throughout the state and for other appearances before groups of both children and adults. At present two women and two men are thus employed. Reaching Wisconsin children at the age of adolescence, these four counselors, through group talks and personal conferences, are in a position to do immeasurable good, and the state's recent determination to bring the venereal disease problem squarely into the open is tending to make their efforts still more fruitful."

The State Board of Health also distributes pamphlets on sex hygiene as part of its educational program. A small library of books on social hygiene is kept for loan to individuals. Most newspapers and one local broadcasting station cooperate in the campaign against venereal disease.

The Wisconsin state laws in regard to venereal disease were amended in 1937 to provide that both parties to a proposed marriage be given a Wassermann test for syphilis. The law in its earlier form called for the examination for venereal diseases of male persons only. The provision whereby male persons applying for a license to marry must be examined for gonorrhea still stands.

Outstanding activities for 1941 have included:

Facilities for finding and treating of cases of syphilis have been increased by the addition of new clinics as mentioned above. In addition clinics are in the process of establishment for certain defense areas. The clinic program appears adequate at the moment. The department has had a complete program since 1919, and is receiving adequate appropriations and public support. State and local pharmaceutical societies are cooperating in a campaign against quackery.

Newspapers and other publications cooperate very well in the campaign against venereal diseases. State radio station WIBA is used by the state in this connection. Other channels of information and education are: Newspaper releases, distribution of U.S.P.H.S. posters and pamphlets, the use of films, and the quarterly bulletin of the State Board of Health.

At present no facilities are available for the rehabilitation of women and girls who have been engaged in prostitution.

Since 1938 the premarital law has been revised so that the State Health Officer can permit the county clerk to issue a marriage license in cases of non-infectious syphilis. Premarital Wassermann tests are required of both applicants for marriage.

There are many activities of this nature in the state with which the State Board of Health is promoting education, diagnostic, and treatment programs.

The only army establishment in Wisconsin is being enlarged, and a special program has been provided for diagnosis, treatment, and education. A military zone has been declared by the State Board of Health in an area within 40 miles of the borders of the camp.

## WYOMING

### Population

Urban 93,577  
Rural 157,165

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250,742

Population rank among states 48  
A.S.H.A. members in state 6

### Social Hygiene Societies and Committees

None.

### Other Voluntary Agencies

**American Legion:** *Department Adjutant*, George F. Storey, P. O. Box 555, Cheyenne.

**Kiwanis International:**\*

**Lions International:**\*

**Rotary International:**\*

**United Service Organizations, Region XI:** See Missouri.

**Wyoming Conference of Social Work:** *President*, Harry Breitenstein, County Welfare Director, Rawlins.

**Wyoming Congress of Parents and Teachers:** *President*, Mrs. Fred J. Peterson, 1207 Cosgriff Court, Cheyenne; *Social Hygiene Chairman*, Margaret H. Jones, M.D., State Department of Health, Capitol Bldg., Cheyenne.

**Wyoming Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Harry Trembly, Riverton.

**Wyoming Junior Chamber of Commerce:** *President*, Jack R. Hufford, c/o Sheridan Meat Company, Sheridan.

**Wyoming Nurses Association:** *Secretary*, Jennie Hautala, Memorial Hospital, Rawlins; *Chairman*, Public Health Nursing Section, Eileen Goodall, 606 S. 10th Street, Laramie.

**Wyoming State Medical Association:** *President*, R. H. Reeve, M.D., Casper; *Secretary*, M. C. Keith, M.D., Capitol Bldg., Cheyenne.

\* See page 239 for national headquarters.



**Wyoming Woman's Christian Temperance Union:** *President, Mrs. Nellie Lewis, Box 487, Torrington.*

### Official Agencies

**National Youth Administration, Region XI:** See Colorado.

**Social Protection Section, Office of Defense Health and Welfare Services, Region XI:** See Colorado.

**U. S. Army, Seventh Corps Area:** See Nebraska.

**U. S. Department of Agriculture, Extension Service:** *State Extension Director, A. E. Bowman; State Home Demonstration Leader, Mary G. Collopy, College of Agriculture, University of Wyoming, Laramie.*

**U. S. Navy, Thirteenth District:** See Washington.

**U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center, O. H. Rechard, University of Wyoming, Laramie.*

**U. S. Public Health Service:** For *Director, District VIII, see Colorado; for Liaison Officer, Seventh Army Corps Area, see Nebraska.*

**Wyoming State Board of Health:** *State Health Officer, Marshall C. Keith, M.D., Cheyenne; State Epidemiologist, N. H. Savage, M.D.*

### Clinics or Cooperating Clinicians at:

Casper, Cheyenne, Laramie, Rock Springs.

**Wyoming State Council of Defense:** *Executive Vice-chairman, Col. R. L. Esmay, State Capitol, Cheyenne.*

**Wyoming State Department of Education:** *Superintendent of Public Instruction, Esther L. Anderson, Cheyenne.*

**Wyoming State Department of Public Welfare:** *Director, Samuel S. Hoover, Cheyenne.*

**Work Projects Administration:** *State Director of Community Service Program, Miss Virgil Payne, 600 East 25th Street, Cheyenne.*

**State Board of Health, Cheyenne.**—"Free anti-syphilitic drugs are furnished to any doctor requesting them. Free laboratory services are provided as an aid to the diagnosis of venereal disease. The program of health education and public information about syphilis and gonorrhea is carried out by means of addresses to the public by members of the staff of the State Board of Health and by the distribution of literature. The press cooperates in this program.

"The state law requires any male person applying for a marriage license to furnish the county clerk with an examination certificate from a reputable physician stating that the applicant is free from any venereal disease."

Outstanding activities for 1941 have included the establishment of four free county venereal disease clinics and increase in the statewide flow of free drugs for treatment of venereal diseases. Pharmaceutical societies are cooperating in the campaign against quackery to a limited extent. In the field of health education and public information there is full cooperation with excellent publicity in all state and local papers. Radio station KFBC gives good cooperation. School officials, Parent-Teacher Associations, women's groups and other public-minded groups are valuable allies. No new laws have been passed for the repression of prostitution, but there is better law enforcement, especially in military areas. There are no industrial defense activities in Wyoming. Law enforcement authorities in the vicinity of military establishments claim that prostitution resorts are closed. The State Department of Health supplements the efforts of homes and churches in education for marriage and family life.

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Wyoming celebrates **Social Hygiene Day** each year, and in 1941 Miss Shenehon visited Cheyenne for conference with voluntary health workers and state health officials.

## U. S. POSSESSIONS

### ALASKA

#### *Voluntary Agencies*

**Alaska Federation of Women's Clubs:** *Chairman Public Welfare*, Mrs. Howard Romig, Anchorage.

**Alaska Woman's Christian Temperance Union:** *President*, Mrs. Harold C. Newton, Seward.

**American Legion:** *Department Adjutant*, J. T. Petrich, P. O. Box 2509, Juneau.

**Territorial Medical Association:** *President*, Noble Dick, M.D., Fairbanks; *Secretary*, William P. Blanton, M.D., Juneau.

#### *Official Agencies*

**Territorial Health Department:** *Commissioner of Health*, Walter W. Council, M.D., Juneau.

**U. S. Department of Agriculture, Extension Service:** *Territorial Extension Director*, L. T. Oldroyd; *Home Demonstration Leader*, Mrs. Lydia Fohn-Hansen, University of Alaska, College.

**Territorial Department of Health, Juneau.**—While reporting of venereal diseases has improved, it is estimated that only 30 to 40 per cent of all cases are reported. During the past year (1940-41), 236 cases of syphilis and 410 cases of gonorrhea were reported, with 13 deaths from syphilis, 4 among white and 9 among natives. An increase of 101 cases of syphilis and 119 of gonorrhea over last year indicates both improved reporting and more actual cases occurring, undoubtedly directly due to the great influx of persons in connection with defense projects. Diagnostic facilities in the form of equipment for taking specimens as well as laboratory facilities have been made available to all physicians in the Territory, and free drugs are distributed for treatment. On June 30 the distribution of a new drug for the treatment of gonorrhea was begun: sulfathiazole, administered under the supervision of a physician, will result in from 80 to 100 per cent cures of all cases, and the eventual elimination of this heretofore practically incurable disease seems to be a fair possibility.

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Several Alaska groups have been active in observing *Social Hygiene Day* each year.

### HAWAII

#### *Voluntary Agencies*

**American Legion:** *Department Adjutant*, Jack Leiton, Legion Club House, 2008 Kapiolani Blvd., Honolulu.

**Hawaii Territorial Medical Association:** *President*, A. L. Craig, M.D., Honolulu; *Secretary*, R. O. Brown, M.D., Mabel Smythe Bldg., Honolulu.

### Official Agencies

- Territorial Health Department:** *Commissioner of Health*, M. F. Haralson, M.D., Honolulu.
- U. S. Department of Agriculture, Extension Service:** *Territorial Extension Leader*, H. H. Warner; *Home Demonstration Leader*, Kathryn Shellhorn, University of Hawaii, Honolulu.
- U. S. Navy, Fourteenth District:** Headquarters, Pearl Harbor. *Venereal Disease Control Officer*, Comdr. J. B. Farrior (MC).
- U. S. Office of Education, Civilian Morale Service:** To receive material for *War Information Center*: Prof Leland T. Chapin, University of Hawaii, Honolulu.
- Work Projects Administration:** *Administrator*, Lt. Col. Theodore A. Wyman, Foot of Channell St., Honolulu.

**Territorial Board of Health, Hawaii, Honolulu.**—A marked increase in efforts to reduce and prevent venereal diseases throughout the Territory has been made during the past three years. This activity was made possible through an increased allotment of federal funds for this purpose. Government physicians' official reports showed that the venereal disease treatments given by them during the year 1940 totalled 14,478 as compared with 9,074 during the previous year. Treatments during the fiscal year 1938 totalled 5,572 as compared with 378 in 1937, when the program was initiated.

Services available under the program included investigations, case finding, case supervision, free treatment for indigent patients and various laboratory tests for diagnostic purposes. Drugs for treating gonorrhea and syphilis are obtainable from the Board of Health by any physician for indigent patients provided each case is reported. These reports are held in strict confidence and are not made public except in the instance of delinquents who may be prosecuted for failure to undergo treatment while in the communicable stage.

Eight treatment centers, four on Oahu, two on Maui, one on Molokai and one on Lanai, were in operation under the general supervision of the Board of Health throughout the year. The Communicable Disease Services of the Bureau of Public Health Nursing increased visits to syphilis and gonorrhea patients and contacts for educational purposes. Many of the patients visited had attended the maternal health conferences and discovered their infection there. The number of venereal disease clinics, sessions held and attendance all increased during the year. A new service instituted under the venereal disease control program was the culturing of gonococci for diagnostic purposes in the Honolulu laboratory.

The above report was written early in 1941, but it is the Editors' understanding that the attack on Honolulu by the Japanese on December 7, and the subsequent emergency conditions have made little difference in social hygiene activities and efforts, except to focus and concentrate them more sharply to deal promptly with any problems of venereal disease control as these arise.

**Palama Settlement, Honolulu.**—This voluntary health center regularly sponsors social hygiene educational and other activities, and is in frequent correspondence with A.S.H.A. headquarters.

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Dr. William F. Snow, Chairman of the A.S.H.A. Executive Committee, visited Hawaii in June, 1941, and conferred at length with health and law enforcement officials and voluntary groups concerning the program in operation at that time.

## PUERTO RICO

### Voluntary Agencies

**American Legion:** *Department Adjutant*, J. Alonzo Colon, Box 1889, San Juan.  
**Medical Association of Puerto Rico:** *President*, M. de la Pila Iglesias, Ponce; *Secretary*, E. Martinez Rivera, M.D., P. O. Box 3866, Santurce.  
**Puerto Rico Woman's Christian Temperance Union:** Headquarters, No. 5 Noa Bldg., San Juan. *In charge*, and *President*, Mrs. Edith M. Irvine-Rivera.

### Official Agencies

**Puerto Rico Health Department:** *Acting Health Commissioner*, A. Fernos Isern, M.D., San Juan.  
**U. S. Department of Agriculture, Extension Service:** *Territorial Extension Leader*, A. Rodriguez Geigel; *Home Demonstration Leader*, Maria T. Orcasitas, University of Puerto Rico, Rio Piedras.  
**U. S. Navy, Tenth District:** *Venereal Disease Control Officer*, Lt. R. H. Abramson (MC), District Headquarters, San Juan.  
**U. S. Public Health Service, District VI:** *Director*, Dr. Thomas H. D. Griffiths, San Juan; *Liaison Officer*, Tenth Naval District, Medical Director Joseph Bolten, San Juan.  
**Work Projects Administration:** (Also serves Virgin Islands) *Director*, Service Division, Robert H. Lawrence, Ponce de Leon Ave., Stop 9, San Juan.

**Department of Health, San Juan.**—A central directing office and 35 venereal disease field clinics represent the basic organization of the Bureau of Venereal Diseases. Purposes of the program are expressed under four points: (1) Uncover all positive cases of venereal diseases and their contacts; (2) Bring each case discovered under competent medical care; (3) Keep infectious cases under care until they are no longer a menace to society; and (4) Prevent new infections through medical education of the public and through legal measures.

To cope with the agreement by the War and Navy Departments, the Federal Security Agency and state health departments for the control of venereal diseases in areas where armed forces are concentrated, the Health Department has modified and intensified its plans. As an advanced preliminary educational effort, 300,000 leaflets in Spanish, describing the symptoms, dangers and prophylaxis of venereal diseases have been distributed among the civilian population. A system of reporting probable sources of venereal disease infections in military or naval personnel has been developed and put into practice by the Health Department in full cooperation with the armed forces. On this account, special personnel has been attached to carry out the epidemiological investigation.

Considering the fact that the Army has been mechanized and prostitutes motorized, enabling them to travel far away from their bases, this campaign has not been limited to military areas but is being carried on in the rest of the Island as well.

Sanitary Regulation No. 107, concerning the control of transmissible diseases, is applied to recalcitrant infected persons with communicable syphilis or gonorrhea. The Health Department is also prepared to give preferential care to all communicable syphilitic and gonorrheal cases discovered in the preliminary physical examination held by the local military board during the draft.

Medicines are purchased and distributed through the central directing office in order to control their usage. Beside the venereal disease clinics, other governmental and semi-private institutions are supplied with medicine to be used specifically for the treatment of venereal diseases.

The cooperation offered by the Biological Laboratory of the Health Department to physicians, and government and private institutions resulted in a marked increase in the number of tests made for venereal diseases. Greatest increase was in the diagnosis of early syphilis through darkfield examination and of gonorrhea by culture.

Members of the staff studied in the United States during the year. A special institute was given under the auspices of the School of Tropical Medicine and the Health Department by Dr. Walter Clarke, Medical Director of the American Social Hygiene Association and Dr. Edward L. Keyes, Professor Emeritus of Urology of Cornell University, with ten physicians from the clinics attending the full course and many social workers, nurses and private physicians attending special lectures. Physicians, social workers and nurses attended a five-day course of in-service training at the Mayagüez Health Unit.

*Social Hygiene Day* was celebrated with the usual proclamation by the Governor, by radio programs, and by articles in the local press. . . . Pamphlets in Spanish (*Cuidar de Su Salud Es Servir a la Nación*—To Preserve Your Health Is to Serve the Nation; *La Verdad sobre la Sífilis*—The Truth about Syphilis; *La Verdad sobre la Gonorrrea*—The Truth about Gonorrhea) have been distributed, in the hundreds of thousands. *With These Weapons* has been shown all over the island to audiences totaling 19,182 persons.

(Continued from page 240)

F. S. A. Region V	Agency	Regional Staff	Address
Kentucky	USO	Ivan B. Rhodes	835 Field Bldg., Chicago
Michigan	YMCA	James E. Maxwell	19 So. LaSalle St., Chicago
Ohio	YMCA ( <i>Ind</i> )	L. W. Bruemmer (minus Ky., plus Kan. & Mo.)	19 So. LaSalle St., Chicago
	NCCS ( <i>Men</i> )	John C. O'Shea	109 No. Dearborn St., Chicago
	NCCS ( <i>Women</i> )	Mrs. Jane Gilday	109 No. Dearborn St., Chicago
	SAL. ARMY	Brig. John Marshall	719 No. State St., Chicago
	JWB	Bernard Carp	5 No. Wabash Ave., Chicago
	YWCA	Frances Davis	600 Lexington Ave., N. Y. C.
	NTAA	Mildred B. Bracy	425 Fourth Ave., N. Y. C.
	FSA	William G. Robinson	105 West Adams St., Chicago
<b>Region VI</b>			
Illinois	USO	Ivan B. Rhodes	835 Field Bldg., Chicago
Indiana	YMCA	James E. Maxwell	19 So. LaSalle St., Chicago
Wisconsin	YMCA ( <i>Ind</i> )	L. W. Bruemmer	19 So. LaSalle St., Chicago
	NCCS ( <i>Men</i> )	John C. O'Shea	109 No. Dearborn St., Chicago
	NCCS ( <i>Women</i> )	Mrs. Jane Gilday	109 No. Dearborn St., Chicago
	SAL. ARMY	Brig. John Marshall	719 No. State St., Chicago
	JWB	Bernard Carp	5 No. Wabash Ave., Chicago
	YWCA	Frances Davis	600 Lexington Ave., N. Y. C.
	NTAA	Mildred B. Bracy	425 Fourth Ave., N. Y. C.
	FSA	William G. Robinson	105 West Adams St., Chicago
(minus Belleville, Ill.)			
<b>Region VII</b>			
Alabama	USO	J. L. Zwingle, Acting	160 Peachtree St., Atlanta
Florida	YMCA	Harry T. Baker	706 Standard Bldg., Atlanta
Georgia	YMCA ( <i>Ind</i> )	H. B. Rogers (plus N. C., Va. & Ky.)	706 Standard Bldg., Atlanta
Mississippi	NCCS ( <i>Men</i> )	Edmund Radzeck	605 Standard Bldg., Atlanta
South Carolina	NCCS ( <i>Women</i> )	Charlotte Ford	604 Standard Bldg., Atlanta
Tennessee	SAL. ARMY	Lt. Col. C. J. Hickey	54 Ellis St., Atlanta
(minus Mississippi)	JWB	Nathaniel Nason	Wm. Oliver Bldg., Atlanta
(plus Louisiana)	YWCA	Blanche Best	600 Lexington Ave., N. Y. C.
	NTAA	Agnes Anderson and Fannie Brener Reich (plus North Carolina)	425 Fourth Ave., N. Y. C.
	FSA	Geo. Syme, Jr., Acting	1008 Wilson Bld., Anniston, Ala.

<b>F. S. A. Region VIII</b>	<b>Agency</b>	<b>Regional Staff</b>	<b>Address</b>
Iowa	USO	Ivan B. Rhodes	835 Field Bldg., Chicago
Minnesota	YMCA	James E. Maxwell	19 So. LaSalle St., Chicago
Nebraska	YMCA ( <i>Ind</i> )	L. W. Bruemmer	19 So. LaSalle St., Chicago
No. & So. Dakota	NCCS ( <i>Men</i> )	John C. O'Shea	109 No. Dearborn St., Chicago
	NCCS ( <i>Women</i> )	Mrs. Jane Gilday	109 No. Dearborn St., Chicago
	SAL. ARMY	Brig. John Marshall	719 No. State St., Chicago
(plus Colorado, Wyoming & Belleville, Ill., area)	JWB	Samuel Pascoe	721 Olive St., St. Louis
	YWCA	Frances Davis	600 Lexington Ave., N. Y. C.
	NTAA	(No program)	
	FSA	W. S. Collins	Minneapolis, Minn.
<b>Region IX</b>			
Arkansas	USO	W. Noel Hudson	1102 Grand Ave., Kansas City
Kansas	YMCA	James E. Maxwell	19 So. LaSalle St., Chicago
Missouri	YMCA ( <i>Ind</i> )	H. B. Rogers	706 Standard Bldg., Atlanta
Oklahoma		(minus Kans. & Mo.)	
	NCCS ( <i>Men</i> )	Vincent J. Little	3200 Main St., Kansas City
	NCCS ( <i>Women</i> )	Frances Engle	3200 Main St., Kansas City
	SAL. ARMY	Brig. John Marshall	719 No. State St., Chicago
(minus Oklahoma)	JWB	Samuel Pascoe	721 Olive St., St. Louis
	YWCA	Goldie D. Carter	600 Lexington Ave., N. Y. C.
	NTAA	Martha Scarlett	425 Fourth Ave., N. Y. C.
		(minus Lawton, Okla.)	
	FSA	Lewis R. Barrett	1006 Grand Ave., Kansas City
<b>Region X</b>			
Louisiana	USO	Harry Herbert	310 Nat. Bk. of Com. Bldg., San Antonio
New Mexico	USO	E. J. Keyes, Acting	404 Com. Ex. Bldg., Okla. City
Texas	YMCA	E. M. Cooper	510-5th St., San Antonio
	YMCA ( <i>Ind</i> )	H. B. Rogers	706 Standard Bldg., Atlanta
	NCCS ( <i>Men</i> )	John A. Zimmerman	525 Audubon Bld., New Orleans
	NCCS ( <i>Women</i> )	Frances Engle	3200 Main St., Kansas City
	SAL. ARMY	Lt. Col. C. J. Hickey	54 Ellis St., Atlanta
		(min.N.M., El Paso, Tex.)	
	JWB	William Alter	112 E. Quincy St., San Antonio
		(plus Miss., Okla. & Ariz.)	
	YWCA	Goldie D. Carter	600 Lexington Ave., N. Y. C.
		(minus La., Arizona)	
	NTAA	Mrs. Fannie B. Reich	425 Fourth Ave., N. Y. C.
		and Lucille O'Reilly	
		(plus Lawton, Okla.)	
	FSA	Harry J. Emigh	901 Maverick Bld., San Antonio
<b>Region XI</b>			
Arizona	USO	W. Noel Hudson	1102 Grand Ave., Kansas City
Colorado	YMCA	(minus Arizona)	
Idaho	YMCA ( <i>Ind</i> )	E. M. Cooper	510-5th St., San Antonio
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		Col. Wm. S. Barker	115 Valencia St., San Francisco
(minus Arizona, Wyoming & Colorado)	JWB	(plus N.M., El Paso, Tex.)	
(minus Arizona)	YWCA	Shea Schwartz	111 O'Farrell St., San Francisco
	NTAA	Florence Boester	26 O'Farrell St., San Francisco
	FSA	(No program)	
		Howard C. Beresford	1706 Welton St., Denver
<b>Region XII</b>			
California	USO	George F. Hamilton	26 O'Farrell St., San Francisco
Nevada	USO	Mrs. Winifred Heard	26 O'Farrell St., San Francisco
Oregon	YMCA	George S. Martin	351 Turk St., San Francisco
Washington	YMCA ( <i>Ind</i> )	Earl M. Dinger	347 Madison Ave., N. Y. C.
	NCCS ( <i>Men</i> )	Frank E. Cane	506 Sub. Term. Bldg., Los Ang.
	NCCS ( <i>Women</i> )	Marie Thompson	450 Sutter Bldg., San Francisco
	SAL. ARMY	Col. Wm. S. Barker	115 Valencia St., San Francisco
	JWB	Shea Schwartz	111 O'Farrell St., San Francisco
	YWCA	Florence Boester	26 O'Farrell St., San Francisco
	NTAA	Helen Montgomery	26 O'Farrell St., San Francisco
	FSA	Harry H. Stoops	785 Market St., San Francisco

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1914, is the national voluntary agency for social hygiene.

At present, with emphasis on war needs, the Association undertakes to promote an "8-point program on the 48 state fronts". . .

1. Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.
2. Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.
3. Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.
4. Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.
5. Help communities to provide "good times in good company" for young people as the best safeguard against "bad times in bad company"; to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.
6. Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.
7. Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.
8. Study national and community conditions and programs, official and voluntary, and keep all concerned informed regarding progress and results, in peace or in war.

*The Association needs money to continue and enlarge these services. As a voluntary organization, its work is supported by gifts and membership dues. Most contributions range from \$5 to \$100. Annual dues are \$2.00. Please send your check to*

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February 3, 1943

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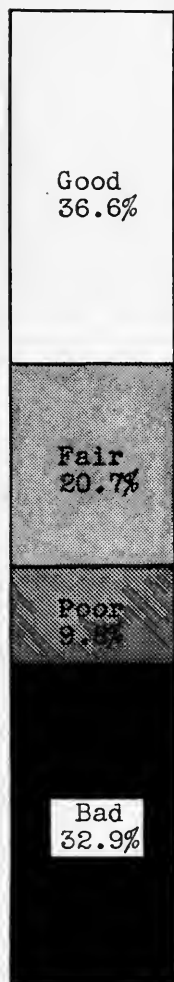
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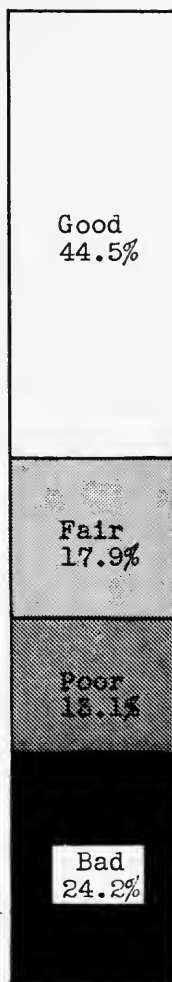
# 878 STUDIES OF COMMERCIALIZED PROSTITUTION

*Made by the  
American Social Hygiene Association  
January 1, 1940–August 31, 1942*

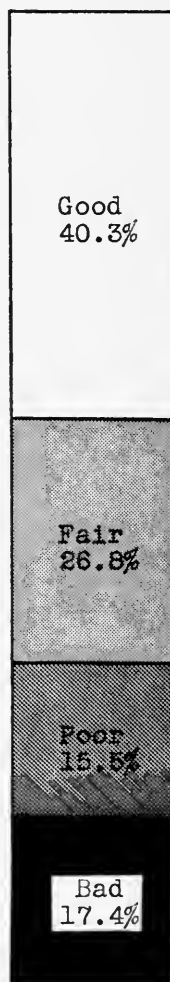
1940  
82 Communities  
Studied



1941  
364 Communities  
Studied



1942 (8 months)  
432 Communities  
Studied



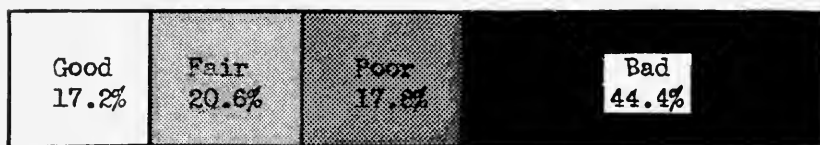
These studies were made primarily in connection with the developing program of military training and national defense. The percentages are not intended to show accurate comparisons from year to year nor to imply progress in all parts of the country. It is significant, however, that within the past year 300 communities have closed red-light districts; and that public opinion and action in support of the policy of repression of prostitution have grown steadily in this period. It is also significant that during this time the data on venereal diseases indicate that rates—as for example in the Army and Navy—are already beginning to go downward.

# IMPROVEMENT IN COMMERCIALIZED PROSTITUTION CONDITIONS IN 214 COMMUNITIES

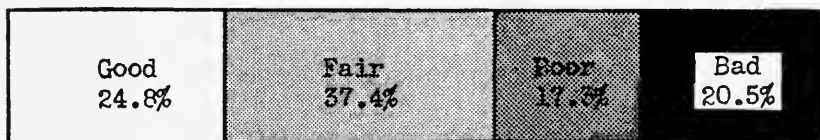
*Studied by the  
American Social Hygiene Association  
September 1939–September 1942*

FIGURE 1

First study showed—



Latest study showed—



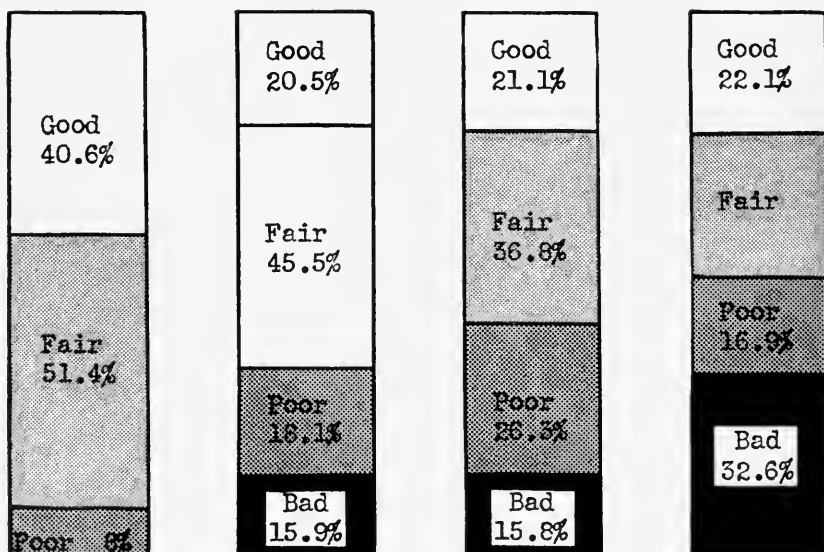
During the three-year period, the percentage of communities rated "bad" dropped by more than half, and general improvement in the group as a whole was noted.

FIGURE 2

## CHANGES IN STATUS OF THE FOUR GROUPS

Communities in which conditions were found to be

"Good" in 1st Study      "Fair" in 1st Study      "Poor" in 1st Study      "Bad" in 1st Study  
at time of latest study had changed as shown in graphs below.



Of communities rated "good" in early studies, later studies showed that more than half had slipped somewhat in law enforcement. None had become "bad" however. On the other hand, among communities rated "fair," "poor" and "bad" in the first studies, over 20 per cent in each class had achieved a "good" rating.

In each class, however, the percentage of communities remaining "bad" and the instances of "good" communities failing to hold that level, indicate the need for steady vigilance of law enforcement authorities, backed up by strong, informed public opinion.

# Journal of Social Hygiene

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OCTOBER, 1942

NO. 7

## **Social Hygiene in Wartime. II.**

### **Prostitution, Social Protection and the Police.**

#### **THE NEW OFFENSIVE ALONG THE POLICE FRONT**

ELIOT NESS

*Director, Social Protection Section, Office of Defense Health and  
Welfare Services, Washington, D. C.*

When the Army, Navy and Federal Security Agency called for the elimination of prostitution as a disease hazard to our armed forces and war workers, they were issuing a direct challenge to the law enforcement officers of America. This was no ordinary challenge however. At stake are the efficiency, health and welfare of the manpower and woman power of a nation at war.

America's police officers are taking up this challenge. They are recognizing their war-time responsibility for policing the nation's health and welfare, patriotically and courageously. Today known houses of prostitution and segregated red-light districts have been closed in more than 300 communities throughout the United States. These red-light districts, all prolific sources of venereal infections for thousands of our war manpower, have been closed by local police authorities in cooperation with the Federal Government.

Spear-head of this new police offensive against prostitution is the National Advisory Police Committee on Social Protection. Appointed this June by Federal Security Administrator Paul V. McNutt, in his capacity as Director of the Office of Defense Health and Welfare Services, the Police Committee contains many of the country's outstanding police leaders. Also represented on the Police Committee are high-ranking officials of the War Department, Navy Department, United States Public Health Service, Federal Bureau of Investigation, Office of Defense Health and Welfare Services, and the American Social Hygiene Association.

Mr. McNutt appointed this Police Committee to advise and make recommendations to the Social Protection Section of the Office of Defense Health and Welfare Services. This Section has the responsibility for promoting the voluntary repression of prostitution by local police authorities, together with the rehabilitation of the girls arrested and the prevention of prostitution. One of the major tasks assigned to this Police Committee is the development of new and effective police techniques for the enforcement of both the repression and prevention of prostitution.

One of the first acts of the National Committee of representative police leaders was the unanimous endorsement of the *Eight Point Agreement* as a national standard for law enforcement officers throughout the United States.

Drawn up jointly by the War Department, Navy Department, and the Federal Security Agency in 1940 as the official Federal policy for the control of venereal disease, this *Agreement* calls for mutually supporting legal, medical and public health measures. It stipulates the quarantine of infected persons wherever necessary and advocates an aggressive program of public education. The Executive Board of the International Association of Chiefs of Police and the State and Territorial health officers of the Nation, previously had both endorsed this *Agreement* unanimously.

*Point Six* of that *Agreement* recognizes prostitution as the chief source of venereal disease. It calls for the vigorous repression of prostitution, both commercialized and clandestine, as a necessary disease control. Under the provisions of the *Agreement*, responsibility for repressing prostitution is placed with the local police authorities, although the cooperation and assistance of the Army, Navy and Federal Security Agency are pledged.

When members of the Police Committee were shown the military and public health facts, they were quick to understand the need for a policy of vigorous repression. These facts, based upon military and public health records, show that 50 to 90 per cent of all prostitutes are found upon examination to be venereally infected.

Contrary to popular belief, the prostitute is not able to "take care of herself" and "protect" her client. Neither is anybody else. Mem-

bers of the Police Committee were shown that medical inspection of the prostitute is a fraud—that it cannot prevent the spread of venereal disease. Every girl who engages in prostitution over a period of time is certain to become infected.

When the National Advisory Police Committee verified that these are established medical facts, testified to by both the American Medical Association and the United States Public Health Service, it saw the immediate need for action by the law enforcement profession.

In its first report to Mr. McNutt, the Committee adopted unanimously a program calling for the support of "a nation-wide policy of vigorous repression and prevention, together with the social and economic rehabilitation of the prostitute."

"This is a professional obligation which must be assumed (by local police authorities) if the Army, Navy and war industries' personnel are not to be decimated by casualties due to venereal disease," the Committee declared.

Three Special Committees were appointed at this meeting to study and make recommendations on the following subjects:

*Enforcement for Repression.*

*Enforcement for Prevention.*

*Police Cooperation.*

In its preliminary report, the Special Committee on Repression adopted the following resolutions, which were later approved unanimously by the National Committee:

1. That a survey of state laws and city ordinances be made, so that a more effective police program for repression could be developed and recommended for nation-wide adoption.
2. That the Federal Government give more attention to the development of detention facilities in communities needing such facilities as a result of a vigorous repression program.
3. That military and naval police cooperate more fully with local police in obtaining evidence for court cases and in other related phases of a repression program.

This Special Committee also recommended: "Special and vigorous effort should be made to secure evidence against procurers, panderers, and 'entrepreneurs' for the purpose of conviction and with a view toward breaking up the racket of commercialized vice."

The Police Committee has recognized the urgent need for getting the true facts on prostitution and venereal disease before the general public, as well as the police profession. Public attitudes in many communities still cling to discredited theories of regulation and medical inspection of prostitutes. It pointed out that the American public

has still to be enlightened on this critical health problem and the resultant need for a thoroughgoing repression program.

The anxiety of the National Advisory Police Committee over the disease hazard of prostitution may readily be appreciated when the military and public health history is reviewed. During World War I, more American soldiers were treated for venereal disease than for gun and shell wounds. Today, America's war manpower is again suffering serious and needless losses. More than 100,000 of the first two million men examined for Selective Service were rejected as unfit for military service because of venereal disease. Moreover, public health authorities estimate that more than 300,000 workers engaged in war industries are infected with syphilis alone.

Yet this crippling of the nation's manpower by venereal disease can be stopped. It can be stopped by local police authorities through the vigorous repression of prostitution in their own communities. Police and public health experience has proven that the venereal disease rate is effectively reduced wherever prostitution is vigorously repressed. The remedy to this disease problem lies to a large degree in the hands of the local police authorities.

It is not enough, however, merely to arrest prostitutes who are found to be venereally infected. Such an enforcement program meets only a small part of the Federal social protection program. To begin with, all prostitutes will become infected with venereal disease over a period of time. The fact that a girl may or may not be venereally infected at the time of her arrest is not the determining factor in eliminating venereal disease. Prostitutes who are released because there is no evidence of venereal infection are merely let loose to become a future and certain disease menace to the community.

Thus, it is necessary to reduce to a minimum the number of present and potential disease carriers in the community by enforcing the repression of prostitution as such. While it is the function of the health officer to reduce venereal disease, he can only do this effectively when the police officers reduce the number of the prostitutes who spread the disease.

An important part of the work of the National Advisory Police Committee is to get across to the local police authorities the necessity for supporting voluntarily the Federal repression program. The Federal agencies responsible for the health and welfare of the Armed Forces and war workers prefer to let local communities handle their own enforcement problems. That is the voluntary and what we would like to think of as the "American Way."

However, should local police authorities prove themselves incapable of or unwilling to attack prostitution within their own communities, the Federal Government has full authority to take action against this disease hazard. That authority is provided in Public Law 163, popularly known as the May Act.



Passed by Congress in 1941 at the request of military and public health authorities, this Act recognizes prostitution as a threat to the efficiency, health and welfare of the armed forces. Under the May Act, it is a Federal offense for anyone to engage in prostitution activities in such zones as the Secretary of War or Navy shall set up near any military or naval camp or station. The Secretary of War or Navy is empowered to order its invocation whenever in his opinion conditions warrant such action.

Invocation of the May Act gives full authority to the Department of Justice to move into the designated area and supplement local policing in repressing prostitution. Responsibility for administering the Act rests with the Secretaries of War and Navy and the Federal Security Administrator.

To date the May Act has only been invoked twice. In both cases, it was because vice conditions were beyond the control of under-manned police authorities. In neither case was it due to any unwillingness on the part of the local police officers to cooperate with the Federal Government.

The National Advisory Police Committee is performing an invaluable service to the police profession as well as to the country by getting law enforcement officers to understand and actively support the nation-wide mobilization against prostitution and its counterpart, venereal disease. Through the courageous leadership of the International Association of Chiefs of Police, a splendid beginning has already been made in this direction.

A very serious problem that the Police Committee is expected to devote a great deal of study to is wholly apart from the immediate and pressing problem of repression. None the less, it is a community responsibility which local police authorities must recognize and which the community must attempt to deal with intelligently. That is, their responsibility for the health and welfare of the girls themselves.

While much attention has recently been given to the problem of delinquent and pre-delinquent boys, less consideration has been given to that of delinquent and pre-delinquent girls. Girls engaged in prostitution are usually the victims of social and economic conditions. They deserve a decent chance to earn a living wage in legitimate employment, and local communities have a responsibility for their welfare.

Full attention was given to the urgent need of meeting this problem by the National Advisory Police Committee. A unanimous resolution was passed by the Committee supporting a program for the social and economic rehabilitation of the girls arrested, together with the prevention of prostitution. Such a program will naturally necessitate the support and cooperation of all the social and welfare forces of the local communities. Essentially, this problem is the responsibility of the whole community, although the police authorities can assume a large portion.

In its first report, which was approved by the National Committee, the Special Committee on Enforcement for Prevention declared that a program for the prevention of prostitution faces the following problems:

1. Lack of adequate and wholesome recreational facilities.
2. Lack of employment opportunities for youth.
3. Lack of early contact, early identification, and early treatment of youthful offenders.

The following positive measures were advocated:

1. Constructive cooperation by the police department and public and private welfare agencies.
2. Adequate and proper detention facilities.
3. Adequate and proper enforcement of regulations as to employment of youths in cafes, taverns, honky-tonks, and other places of commercial recreation, by other public agencies charged therewith. This is to include working conditions, hours, wages, and adherence to age limitations.

Unfortunately, many communities who want to carry on a thorough social protection program are finding themselves handicapped by lack of proper detention facilities, medical social workers and expert advice. The Federal agencies responsible for the Federal Social Protection program will offer every possible assistance to such communities.

CCC Camps will be made available as quarantine hospitals and detention centers to States in which an acute shortage of such facilities exist. This has been made possible through the cooperation of the War Department, Office of Defense Health and Welfare Services and the United States Public Health Service. Standards of care in such hospitals will follow the recommendations of the United States Public Health Service. Responsibility for operating these hospitals will be in the hands of the State Health departments.

Maintenance and operation funds for these CCC hospitals may be obtained from the Federal Works Agency by States needing such funds. Applications for these funds are filed with the Works Project Administration state offices.

Consultant service in the Federal Social Protection program is available to communities from the Social Protection Section and Family Security Committee of the Office of Defense Health and Welfare Services, and from the United States Public Health Service. Consultant service is also available from the American Social Hygiene Association.

The National Advisory Police Committee will soon make available to local police authorities a series of pamphlets on the social protection program, specially written for police officers by outstanding leaders in the police profession. The Committee is also planning to supply an

information service to all local police officers, giving them the latest developments in the police field on the social protection front.

Today, the venereal disease rate of the Army and Navy, although still far from satisfactory, is the lowest in the war-time history of the two services. Despite the alarms and dire prophecies of many critics of repression who were either honestly misinformed or whose financial interests were at stake, the more than 300 communities which clamped down on prostitution have not experienced great crime waves, or increases in rape cases. On the contrary, the closing down of the houses of ill-fame, which often serve as criminal resorts and hide-outs, has frequently resulted in corresponding improvements in the criminal situation.

Most important of all, however, is the clear-cut proof that the vigorous repression of prostitution definitely reduces the number of venereal infections originating in the communities affected. Repression has proven itself a practical and thoroughly effective police procedure for the control of venereal disease.

The National Advisory Police Committee has recognized, however, that the repression of prostitution, while a necessary control, is not the only measure. To protect the health and welfare of the armed forces, war workers, and the girls engaged in prostitution, an intelligent over-all social protection program is necessary. Such a program must provide for the social and economic rehabilitation of the girls arrested as well as the fundamental measures for attacking conditions which breed prostitution.

The Social Protection Section is extremely fortunate in having such capable and outstanding police leaders assisting in the formulation of the Federal Social Protection program. With their guidance and the support of local law enforcement officers, the Nation may rest assured that the attack on the police front of our war-time health will be repulsed.

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“ . . . In cities which have established the policy of attacking prostitution, *not compromising with it*, prostitution is on the run. It is furtive and hard to find. It is not flaunted in the faces of its citizens, but is in hiding. In consequence, the volume of business done by prostitutes is less by 75 per cent than in those cities which, giving up the fight, have knuckled under to the vice racketeers.”

BASCOM JOHNSON  
in *We Need Not Tolerate Prostitution*,  
JOURNAL OF SOCIAL HYGIENE, December, 1941.

## RECOMMENDATIONS FOR IMPROVING PROCEDURES IN DEALING WITH PROSTITUTION CASES IN NEW YORK CITY

*Made by the Committee on Prostitution and the Women's Court of the Welfare Council of New York City*

Upon the completion of its investigation and report \* on the apprehension, trial and treatment of 3,670 cases of prostitution in the Women's Court, the Welfare Council of New York City asked the undersigned Committee of citizens to study the findings and to draft recommendations on the procedures that it considers necessary to a more effective effort to bring the business of prostitution in New York City down to a minimum.

As a preface to its recommendations the Committee wishes to state briefly its convictions as to (1) the evils attendant upon the practice itself, (2) the phases of it that are matters of public policy and (3) the aspects of it that are susceptible of modification through the exercise of the police power of the State.

### *Evils attendant upon the practice of prostitution.*

It is the belief of this Committee that the anonymous and completely promiscuous sex relations facilitated by prostitution and characterized by absence of affection, respect and concern of the partners for each other, tend to evoke psychological reactions and emotions in them which make mutually responsible sex relations more difficult of satisfactory achievement. For many, the practice of prostitution brings loss of self-respect and many other serious social consequences. The common prostitute's life is so fraught with elements of social repugnance and future deterioration as to make her lot wholly incompatible with those democratic principles which are assumed to motivate our public programs and intolerable in a social order which has no place for outcasts.

\* *Prostitutes in New York City: Their Apprehension, Trial and Treatment, July 1939-June 1940*, by Marguerite Marsh, report of a study made under the auspices of the Welfare Council's Research Committee at the request of the Section on Protective and Correctional Care of the Welfare Council. The study was made by the Research Bureau, of which Dr. Neva R. Deardorff is Director, and with the cooperation and approval of Chief Magistrate Curran of the Women's Court; and was financed by a special grant from the Greater New York Fund.

Besides these harmful psychological effects upon the prostitute and her customer, there are other extremely serious evils related to promiscuity in sex relations. One of these is the rapid transmission of the venereal diseases. These infections are spread not only among those who have illicit sex relations but are also carried, often with tragic consequences, to innocent members of their families. Incalculable physical suffering, economic loss and unhappiness follow in their train.

Another evil that prostitution encourages comes from the opportunity that it creates for the exploitation of both the prostitute and her customer by persons who act as intermediaries, organizers, operators and protectors of the business. When a prostitute attempts to operate in a community that does not tolerate open and flagrant solicitation, she utilizes go-betweens to provide her with customers. She also seeks to secure a degree of immunity from interference by official action. This immunity can sometimes be purchased through politicians or racketeers from corrupt officials. When she is arrested, it may also be obtained by the employment of clever and unscrupulous lawyers to outwit the public officials.

Prostitutes who utilize the services of third parties generally find themselves enmeshed in a system which directs how and where they operate, takes most of their earnings, and makes it difficult if not impossible for them to abandon prostitution and enter legitimate occupations.

With the organization of commercialized vice comes active and aggressive promotion of it in the recruiting both of prostitutes and customers and the community finds itself with a growing group of people whose interest it is to perpetuate a business engaged in debauching and degrading their fellow citizens.

And finally, organized prostitution has proved a highly dangerous institution to government itself. It can go on only (1) if the citizenry is indifferent, with resulting inertia and inefficiency of officers, or (2) with corruption of officials, or (3) as has been said, through the devices of persons capable of defeating the efforts of honest officials trying to enforce the laws. All of these conditions undermine and weaken the power and prestige of the public authority.

#### *Phases of prostitution subject to public action.*

Since American society bans prostituted sex relations as anti-social and this State holds them illegal, the duty devolves upon the community to develop methods of general education that will improve personal conduct and methods of administering its law-enforcing agencies that will achieve the expressed intent of its laws. It also has the duty to protect offenders against exploitation by third parties because of the illegal status of their acts.

Such a duty carries the further obligation to choose carefully the methods by which to proceed; poor methods not only achieve little or nothing but can actually aggravate some of the evils cited above,

notably the dependence of the prostitute upon third parties and the weakening of respect for government. As in the case of the State's attempts to deal with other types of offenders, those procedures which actually succeed in deflecting persons convicted of prostitution from continuing in the practice and which make sure that the former prostitute has a legitimate means of livelihood, are the most efficient and economical as well as the most humane.

The Committee believes that there is increasing public support of the more enlightened and discriminating courses of action in dealing with individual prostitutes because people in America are now considerably less harsh and hysterical in their condemnation of those who do not achieve acceptable sex relations than was formerly true. However strongly their practices may be disapproved, such persons are coming more and more to be regarded as subjects for educational, medical, psychiatric and social, rather than punitive, treatment, or, if their maladjustment is such as seriously to endanger others, to regard them as subjects for custodial restraint.

Among the many complex and baffling phases of prostitution there are five which seem not only to be invested with public interest but also to call for direct action by public authorities and to be amenable to such action. These are:

1. Open and provocative solicitation by either males or females in public places and by means of the press, the mails, telephones and other public utilities.
2. The organization and promotion of prostitution as a gainful occupation and the active participation in its profits by third parties.
3. The exploitation of youth by sex aggressors and gain-seeking third parties.
4. The transmission of venereal disease.
5. The corruption of law-enforcement agencies.

*The exercise of the police powers of the State.*

The Committee regards these five phases of the problem the most strategic points at which the police powers of the State can be employed to keep prostitution at a minimum in this city.

The Committee believes that it is possible to keep the streets of New York City virtually free of open solicitation. Investigation and studies indicate that this condition has at various times been accomplished with a large measure of success.

There is also reason to believe that the elimination of gain to third parties constitutes the most effective mode not only of freeing the streets of solicitation but of striking a blow at the other means by which prostitution is practiced. If all other forms of business live at the sufferance of society this one would seem to be no exception and can at least be greatly discouraged by the energetic and persistent exercise of public authority.

The protection of children and youth against sex aggressors and exploiters is of great public concern. It too requires energetic and intelligent administration, able to distinguish between deliberate economic exploitation, pathological sex aggression and the sex misbehavior of normal but immature young persons. These are quite distinct social situations which should not be allowed to become confused either in law or in its enforcement.

The stamping out of the venereal diseases is an important public health objective at any time and one of specially great urgency in time of war. As has been said, prostitution quickens the transmission of these infections and its suppression becomes a necessity not only in the interests of conserving manpower both in the military and the civilian population but also for releasing medical resources for other uses arising out of war conditions. Since prostitution is not solely responsible for the transmission of these infections and since there are evils attached to it other than the transmission of disease, a combination of police, public health and social programs for dealing with prostitutes, their customers and third parties has to be developed. Even to cope with the factor of disease, more is required than medical measures alone.

The Committee believes that the laws relating to public morality and to health should be fully integrated and harmonized with each other. They should be administered in the light of the increasing understanding of psychology and social maladjustments often underlying prostitution and in the light of the ways in which prostitution as a business is now fostered.

Finally, a phase of prostitution that cannot be ignored is its strong tendency to resist law-enforcement through chicanery in the courts and corruption of government.<sup>1</sup> These are evils which, if allowed to flourish for one type of offense, do not stop there. The shyster lawyers, runners, bail bondsmen and accommodating court clerks and the complacent judiciary who through indifference protect the institution of prostitution cannot be counted upon for the vigilant enforcement of other laws. Officials who actually have been corrupted become, like the prostitutes themselves, incapable of changing their ways as long as their corruptors choose to use the power that they have acquired.

It is therefore of genuine importance to the cause of good government that venality should not be tolerated in any form. Continuous accounting by the law-enforcement agents for their activity, the development of professional attitudes toward their work and the support and appreciation by the public of a hard task well done can do much to render government officials immune to the hazards that prostitution presents.

<sup>1</sup> The Committee has no evidence that there has been chicanery in the Women's Court or corruption of government in New York City, but this tendency on the part of prostitution is so strong that it must be listed as among the great hazards which it brings to the community.

As an expression of its general point of view on the possibility of bringing prostitution under control, the Committee can find no better statement than that written by Abram Flexner in his classic treatise on this subject:<sup>2</sup>

"What would conceivably happen in a city like London if the police, spurred and controlled by an active popular impulse, accomplished all that could be humanly expected? Street-walking of a provocative character would disappear; the advertised brothel would cease to exist; the public house (saloon) would strictly enforce the law against the harboring of prostitutes; the obvious forms of spurious employment would be dispersed—rendered more circumspect and much less readily accessible; prostitutes would disappear from the lobby and promenade of the variety theaters, etc. The pimp, the exploiter, the third-party interest would be severely checked and, with that, the tropical growth due to them. . . . In a word, prostitution as an offensive and aggressive activity would be more or less done for; and the loss through disease would be minimized.

"What would be gained? The inducement to enter the life or to persist in it would be lessened; the total volume of business and the volume transacted by any one woman would be decreased; the financial waste would be less; the amount of disease disseminated would be less; the demoralization of the woman would often be less complete, less overwhelming, less irretrievable; surely, very important gains.

"Well drawn, well codified, well executed laws could accomplish this. Any civilized society utilizing the resources and instrumentalities that every such society has within its reach, can, if really so minded, ultimately reduce prostitution and its ravages so far by direct action.

"It is well worth doing; it is, humanly speaking, a possible undertaking, even though, I repeat, nowhere as yet by any means accomplished. Let us not, however, deceive ourselves into thinking that such a direct frontal attack absolves us from effort in other and different directions. Further achievement depends upon alterations in the constitution of society and its component parts. In so far as prostitution is the outcome of ignorance, laws and police are powerless; only knowledge will aid. In so far as prostitution is the outcome of mental or moral defect, laws and police are powerless; only the intelligent guardianship of the state will avail. In so far as prostitution is the outcome of natural impulses denied a legitimate expression, only a rationalized social life will really forestall it. In so far as prostitution is due to alcohol, to illegitimacy, to broken homes, to bad homes, to low wages, to wretched industrial conditions—to any or all of the particular phenomena respecting which the modern conscience is becoming sensitive—only a transformation wrought by education, religion, science, sanitation, enlightened and far-reaching statesmanship can effect a cure. Our attitude towards prostitution, in so far as these factors are concerned, cannot embody itself in a special remedial or repressive policy, for in this sense, it must be dealt with as part of the larger social problems with which it is inextricably entangled."

### *The Committee's Recommendations.*

The recommendations which follow are based not only upon the convictions and beliefs of the Committee but also, as has been said above, upon a recent careful examination by the Research Bureau of the Welfare Council of the facts with regard to the apprehension, trial and disposition of prostitution cases in the Women's Court in New York City.

In formulating its recommendations the Committee has been mindful of the fact that a thoroughgoing attack on the problem

<sup>2</sup> *Prostitution in Europe*, Century Company, New York, 1914.



of prostitution in a city of the size and complexity of New York requires more than administrative action by police and judicial authorities, as Dr. Flexner has so effectively pointed out. The recommendations presented here are steps which can be taken at once to improve procedures in prostitution cases and to lessen the more damaging effects of the present methods. They should, however, be accompanied by further study and action both on matters that relate to more deeply seated problems of law and administration which require more far-reaching measures for their solution, and on social conditions, the modification of which cannot be accomplished by public administration. These social conditions have their roots in the attitudes and beliefs of the public generally and their modification can be accomplished only through the concern of influential persons and groups to see that all possible steps are taken to cut down the numbers of persons who are impelled to resort to prostitution either as a means of livelihood or as a way of meeting their emotional needs.

Common to both categories of legal measures is the need for a clearer articulation of the objectives toward which the administration of police measures is to aim. Both laws and administrative procedures require clarity of purpose before ways and means to accomplishment can be efficiently devised and achievement appraised. The Committee believes that the five phases of the problem cited above, furnish tangible objectives, are susceptible of modification through the exercise of the police power, and are now the logical starting points both in the improvement of the law itself and in the development of more effective administrative procedures.

The recommendations for immediate steps requiring no further study or debate, relate to:

1. More vigorous prosecution of third parties through the use of plain-clothes officers as detectives to repress the business of prostitution.
2. Better methods of suppressing street solicitation.
3. Methods of dealing with prostitutes, arrested either on the streets or elsewhere, in the Women's Court:
  - a. Assignment of cases to this Court
  - b. Selection of Magistrates to sit in this Court
  - c. Legal defense of the accused woman
  - d. The disposition of cases found guilty; use of probation and available institutions with programs of rehabilitation
  - e. Improvement of the social and medical services employed by the Court and allied departments

The committee's specific recommendations on these several points of attack, follow:

*Police Department.*1. *The repression of the business of prostitution.*

a. As its first recommendation the Committee urges the more active prosecution of third parties in the business of prostitution. These persons and agencies include the operators of houses of prostitution and procurers, together with the spurious employment agencies, the hotel employees, the taxicab drivers and the dance hall proprietors and managers who cooperate with them, and all of the other accessories of the business. Much more active investigation and prosecution of these offenders could be carried out if the force of plain-clothes policemen now detailed to the apprehension of the individual women were given this responsibility.

b. Continuous analysis of the performance of all officers, both those in uniform and in plain-clothes, of their activities in this sphere, by the Police Department itself seems essential if its administration is to be steadily improved. Some of the police personnel now being used for ineffective services directed toward the individual prostitute could be used for developing a more adequate system by means of which third parties would be more often apprehended with sufficient evidence to convict.

2. *The suppression of street solicitation.*

a. It is recommended that the regular force of patrolmen and patrolwomen be instructed in such procedures as will, so far as is possible, *prevent* solicitation and provocative behavior on the streets and other public places. A more effective system of patrolling by the uniformed force especially in areas in which prostitution is now rife should lead to fewer offenses on the streets and a reduction in the number of arrests of individual prostitutes for street solicitation.

The efficiency of the patrolmen's and patrolwomen's efforts to maintain public order and decency should be checked, not by the number of arrests they make but by the presence or absence of street solicitation as observed by their supervisory officers or other competent observers.

Patrolling of public places by military police adds to this public vigilance in so far as men in uniform are concerned and serves as a further restraint on those who seek to solicit the men in the armed forces.

b. It is recommended that all arresting officers and all magistrates now hearing these cases observe closely the Code of Criminal Procedure, Section 887 (4) and the rules of evidence as laid down by the appellate courts so that a minimum of disagreement will arise between the police and courts as to the character of admissible evidence in these cases.<sup>1</sup>

<sup>1</sup> This is not meant to imply that the magistrates are now careless in these matters but that this is a difficult subject which would profit by further clarification as between police and court procedures.

c. It is recommended that no woman be detained in police station houses but that all detention be provided for at the House of Detention.

### *The Women's Court.*

1. It is recommended that all cases in which sex morals and the business of prostitution are an issue be concentrated in one court. The purpose of the Women's Court is not served as long as cases of "disorderly conduct" of young women sex offenders are left in the district courts.

2. It is further recommended that to this Court be permanently assigned a limited number of magistrates (not more than four or five) chosen for their competence in dealing with cases of this type.

3. It is recommended that these magistrates be charged with responsibility for drafting a code of procedure governing the judges themselves and the Court attachés in dealing with these cases. Among these matters are:

a. Arrangement of the Court calendar so that attorneys cannot maneuver to bring their cases into the court of a given magistrate.

b. Establishment of a more orderly atmosphere in the surroundings of the Court. The registration of visitors with notation of the prisoner in whom they are interested would discourage prurient curiosity seekers. The provision of small cubicles in which lawyers could interview clients would tend to keep them out of the passageways. The clearance of the streets adjacent and of the building of hangers-on and runners would also contribute to this more orderly atmosphere.

c. The setting of a time limit for postponements of the trial of a woman released on bail, so as to reduce the possibility of her immediate resort to prostitution to meet the cost of her legal defense.

4. Arrangements should be made through a responsible agency such as the New York Legal Aid Society, for legal defense, with competent service offered to each arrested woman so that she will not be dependent upon persons interested to exploit her. In this connection a continuous analysis of the roster of lawyers now defending prostitution cases would be enlightening. Tabulation of all of the prostitution cases defended by a given lawyer in a year would reveal one aspect of the way in which organized prostitution is working and would indicate to the magistrate the forces back of the woman appearing before him.

5. A sworn statement by the attorney as to the agreement regarding his fee, its amount, date when payment is due, and source of payment, should be required.

6. Defendants posting bail should be required to file a sworn statement as to its source, this information to be made a part of the record which the magistrate reads before sentence is passed. Analy-

sis of the sources of bail and of the cases securing bail from the same source would be a step in seeing how the "system" works.

7. The probation department and the selected magistrates should formulate a new and simplified form of verified information on the pertinent factors of each case, such as age, family resources, earning capacity, previous history, venereal disease, to be submitted routinely to the magistrate before sentence is passed. Routine submission to the magistrate, after the woman's conviction, of the data on file with the probation department about her previous history, should be followed.

8. The need for a more uniform practice with regard to sentences, based on the facts of the case, and for more consistent use of probation in appropriate cases seems obvious.

9. The use of the suspended sentence and the short-term commitment should be revised with a view to their elimination as methods of treatment in cases of women convicted of prostitution. The use of probation and of commitment to institutions that have programs of rehabilitation should replace them. This would greatly relieve the overcrowding at the House of Detention and would secure for more women the advantages of the health and welfare facilities of several excellent institutions.

10. After conviction and before sentence, the magistrates should consult with the probation department and with the heads of the various institutions to which commitments are made, to evolve plans in individual cases that give the most promise of genuine rehabilitation.

11. The routine psychologic testing and psychiatric examination of the woman after conviction would be of material assistance to judges in making proper and effective dispositions of these cases and to probation officers in evolving plans for their guidance and supervision. While the institutions are provided with the services of psychologists and psychiatrists, they can function as aids in commitment only to correct errors after they have been made. A study looking to the provision of such services is now in process and will shortly be prepared to specify in some detail the way in which it should operate for these cases.

### *The Health Department.*

The procedure in the release by the Health Department of women with venereal disease in active stages, whether immediately after trial or after admission to the Kingston Avenue Hospital, should be the subject of special inquiry and analysis. This inquiry should establish the results of this procedure to date to make sure that it provides genuine safeguards to public health. The list of physicians who undertake to supervise the regime of these women and the addresses at which they claim to have arranged for isolation should be carefully examined. Methods should be clearly established by which the Department will protect these women from becoming the victims of unscrupulous physicians and other third parties.

*The Hospital Department.*

The treatment of patients with venereal disease in the municipal hospitals is one of medical measures. It does not concern itself with the problem of the methods by which these women are to be helped to avoid repetition of the experiences that led to their infection and to their court appearance. Social services properly administered could do much to secure for these women environmental conditions both within the hospital itself and after their release that would offer some protection from such repetition. Classification within the hospital of the several types of offenders is as necessary as it is in the correctional institution. Vocational education and probationary supervision, as well as medical treatment and health education, are required for many of these women and girls if it is expected that they will henceforth gain a livelihood from an acceptable occupation.

\* \* \* \* \*

As has been said, the list of recommendations given above concerns itself with matters which can be the subjects of immediate administrative action. Back of them lie several serious legal problems which the Committee believes to be of great importance but which require further study before action can be initiated. Moreover, these matters require not only technical study but the emergence of more clearly defined public opinion before there will be a basis of sound action. These matters are:

1. The clarification of the laws themselves that relate to prostitution. The present statutes are not as clear and precise as they should be and the court decisions which define their operation have not overcome their defects.
2. The adaptation of the rules of evidence as applied in prostitution cases. The nature of this offense and the methods employed for the apprehension of offenders create peculiar difficulties in the collection and presentation of evidence. If the trials of these offenders are to be conducted on a high plane of judicial procedure, the rules applied in them should be carefully reviewed and revised in the interest of protecting both the public and the defendant's legal rights.
3. The extension of the privileges of bail to persons accused of prostitution. Safeguards to insure that the prostitute cannot resume her illegal activity while on bail should be evolved.
4. Measures for the removal of the incorrigible prostitute from society. These have not been established, although other types of incorrigible offenders have been the subjects of legislation in this State which considers not only the nature of each of the person's specific offenses but also their recurrence.

This Committee is not prepared at this time to offer recommendations on these subjects other than that (1) they should be the subjects of investigation, and study, by properly qualified groups and officials, of public discussion and, if necessary, of legislation and (2) that steps toward the solution of these problems should be inaugurated at once.

And finally, your Committee wishes to point out that it conceives it to be the highest duty of the State to give sufficient attention to each of these cases to determine what type of preventive measures,

had they been efficiently applied, would have saved the convicted prostitute from entering such a career and would have saved the community from the menace which she presents and from the expense of her restraint. Given such knowledge all of the social and religious forces seeking to enhance the health and the welfare of our people could better lend their aid in a widely extended, but concerted attack on this dangerous and subversive condition in our community.

*Signed*

F. ERNEST JOHNSON, *Chairman*  
KATHARINE BLAKE  
PAUL BLANSHARD  
MRS. SIDNEY C. BORG  
MAY E. CHINN, M.D.  
WALTER CLARKE, M.D.  
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AUSTIN H. MACCORMICK  
WALTER A. MASULIS  
PETER MARSHALL MURRAY, M.D.  
MRS. WILLARD PARKER  
MRS. LEOPOLD K. SIMON  
NEVA R. DEARDORFF, *Secretary*  
MARGUERITE MARSH, *Consultant*

### **Who Is Behind The Vice "Racket"?**

***The commercialized prostitution "racket" is promoted by the "third party" interests who make money out of it . . .***

- . . . Greedy MADAMS, GO-BETWEENS, PIMPS and PROCURERS  
who take most of the prostitutes' earnings
- . . . Grafting POLITICIANS  
who get a "cut" from "the business"
- . . . Dishonest POLICEMEN  
who accept bribes to overlook violations of law
- . . . QUACK DOCTORS  
who sell worthless "health certificates"
- . . . SHYSTER LAWYERS  
who get big fees for defending prostitutes and "third party" interests
- . . . Unscrupulous LANDLORDS  
who get high rents for premises used for prostitution purposes

**TAKE THE PROFIT OUT OF COMMERCIALIZED PROSTITUTION AND IT DIES AS A "BUSINESS"**

One of a set of 10 charts in the American Social Hygiene Association's exhibit *The Attack on Commercialized Prostitution*. Wall display size, 17 x 22 inches, \$1.00 per set, postpaid. Miniature, for teaching and reference purposes, 8½ x 11 inches, 10 cents a set, \$5.00 per hundred sets, 80 cents a dozen sets, plus postage.

## LOCAL CONTROL OF PROSTITUTION IN WARTIME

COLONEL EUGENE T. WEATHERLY

*Chief of Police, Cincinnati, Ohio*

EDITOR'S NOTE: *The address published herewith was presented by COLONEL WEATHERLY at a Quarterly Police Conference held by the Federal Bureau of Investigation in Cincinnati, Ohio, on July 31, 1942, for special consideration of enforcement of laws affecting prostitution in the vicinity of military areas. The same subject was discussed simultaneously at approximately 350 such Police Conferences in the fifty-six field divisions of the FBI, with about 20,000 law enforcement officials, representing 8,000 police agencies, attending. Complete willingness was expressed to cooperate with Army, Navy, and other interested agencies in combating prostitution. The Quarterly Police Conferences are held under the FBI Law Enforcement Officials Mobilization Plan for National Defense, and have served completely to mobilize the police of the nation for vitally important emergency wartime duties.*

*Colonel Weatherly's address, presenting the practical problems in law enforcement against prostitution in a middle-west community, will be of special interest as a companion piece to the recommendations recently made regarding police and court procedure by the New York City Welfare Council (see page 372) and other articles in this issue of the JOURNAL.*

Enforcement of the laws against prostitution and its attendant vices has always been one of the most difficult problems facing local law enforcement officers. The forces acting to bring about and perpetuate prostitution in our society are rooted in one of the strongest of human desires. For centuries there has been prostitution and no doubt it will be with us for many years to come.

It is not only because prostitution violates the law, threatens the morals of our youth and undercuts family life, that this vicious "racket" attacks the public safety. A serious health problem is also involved, for prostitution is a chief means of spread among the human race of the dangerous diseases syphilis and gonorrhea. The "great crippler" and the

"great killer" are just as bad police characters as the assaulters and the murderers with whom every police department must deal. But criminals are easy to handle compared with the dread germs of venereal disease.

As the war we are now in progresses, it seems more and more a war of "shortages." Critical materials have already become scarce and as time goes on it is becoming increasingly difficult to find people, both men and women, to carry on all of the various activities required by the war effort. Going from a period of over-supply and unemployment into the present one of priorities, regulations and control, means a radical adjustment in our thinking for all of us. No matter what the attitude of the public has been in the past toward prostitution, it should now be clear that if not carefully controlled it will add to our shortages and thereby greatly hamper our chances for victory.

It makes no difference whether the disease germs attack a member of the armed forces, one of the workers engaged in supplying the arms or one of our citizens. An absence resulting from venereal disease means a shortage somewhere, and we cannot afford to have any vacancies in front lines or home lines at this time. During the last war the army lost the equivalent of seven million man-days of service because of venereal infections. It makes no difference whether a disease germ attacks one of our soldiers in training or a bullet finds its mark on the battlefield. If a man is removed from service, the same damage has been done, regardless of its cause.

Therefore a greater responsibility rests upon us whose business it is to enforce the laws. Always on the alert to protect our citizens, it behooves us now to redouble our efforts. We should look especially to that portion of our youth who, torn loose by their entry into the armed forces from the things to which they have been accustomed, turn more by chance than by choice to the doubtful pleasures offered by the prostitute. Pleasure, perhaps, for a moment. But what a price they pay for it if they come back diseased!

In these times the so-called "clandestine prostitute" is the one who is giving us the most trouble. This is the girl who does not conform to any general plan, as does the professional, but due to the easy money obtainable, engages in prostitution off and on as the spirit moves her. She is usually a newcomer to the city, often from a small town or rural community. She may not originally intend to be a prostitute, nor even to have intercourse with those with whom she meets. But after a few drinks her judgment leaves her and after a few experiences she is in fact, if not in name, a "CP." By that time she no doubt will have contracted a venereal disease, which she will probably pass along. Also, by that time, she will probably have committed enough offenses to have come in contact with the police.

The professional prostitute also gives trouble in these times, especially if she is able to work near an army camp or in a city booming



with defense workers. This is because of the greater number of contacts she is likely to have, multiplying her chances to spread disease. It is not uncommon for a hardened prostitute to accommodate as many as forty or fifty customers on a "good" day. Even if such a girl were not infected, although most of them are, she would probably soon become so with that kind of business. And even if she did not, she would doubtless serve as a carrier by giving the germs from one customer to a later one.

Here, then, is the problem. How shall this spread of disease be prevented? In Ohio, so far as the law enforcement officer's part is concerned, the answer is ready in the *General Code, Section 13031-13*. This statute prohibits engaging in or aiding or abetting prostitution, which is defined as offering the body in sexual intercourse for hire or indiscriminate sexual intercourse without hire or engaging in any lewd or obscene act. All persons charged with violating this section, then, upon order of the court, shall under the law be subjected to immediate medical examination to determine if they are infected with venereal disease. If so, the law provides that they shall have medical treatment, at public expense if they are unable to pay, and shall not be discharged from custody, paroled or placed on probation until cured or rendered non-infectious, unless the court having jurisdiction of the offense be assured that the person will continue medical treatment.

This is not intended to be a penalty for guilt. Guilt is determined in the regular way and penalties imposed independently of the examination. Such examination may be made by the board of health, by a physician employed by the city or county, or by a physician designated by the court for the purpose.

In Cincinnati a special venereal disease quarantine hospital is maintained at the City Workhouse. It is operated by the City under supervision of a physician in charge. All persons arrested for prostitution under *Section 13031-13* may be referred by the court to this hospital for inspection. If they are found to be infectious they are treated. In addition, under the state health code, the Health Department, through its clinic, known as the Health Center, at 212 W. 12th St., has the power to commit diseased persons to quarantine in the hospital after inspection at the clinic.

Our police have a close working arrangement with the health department and cooperate with its field workers and nurses in picking up infected persons in order that they may be given treatment. When a case of venereal disease is discovered at the clinic or hospital, the health department makes a check of the source and attempts to trace all persons who may have come in contact with the infected person or others infected through the same source. Our men aid them in bringing in these persons for inspection and possible quarantine or arrest.

In this regard, Dr. Carl A. Wilzbach, Commissioner of Health in Cincinnati and head of the City Health Department, has this to say of our work:

"The police are carrying on a good piece of work in keeping a close watch on places of reported exposure of venereal disease. They are assisting us in getting the infected persons under treatment.

"I don't believe that we need to feel that prostitution is any too great a problem here. We do need to keep up constantly the work of the police and the work which the health department does in making it difficult for prostitution to be carried on."

For the protection of the large numbers of soldiers quartered at the nearby fort and for the protection of troops constantly passing through our city, we have taken steps to cooperate with army medical officers. As soon as possible after a soldier reports an infection from a location in Cincinnati, this information is passed along by the health officers and we are usually able to apprehend the women concerned within a few days.

Col. F. V. Meriwether, Senior Surgeon for the Fifth Corps Area (now known as the Fifth Service Command) of the U. S. Army, in which Cincinnati is included, recently made the following statement in a letter to our City Manager:

"An investigation by the undercover agent of the American Social Hygiene Association gives a very favorable report on your city with the exception of girls in taverns and a few other places of solicitation which would indicate that prostitution in Cincinnati seems to be entirely confined to hustlers in these places.

"For troops in the entire Fifth Corps Area during the past few months, four men in this area have reported as a source of contact women residing in Cincinnati. One solicitation was at the bus station, one at a Negro night club, one in a restaurant and one in a large hotel."

We are quite proud of our record and believe that we are justified in this pride as some measure of reward for the efforts we are putting forth in attempting to keep prostitution under control. There are no known houses of prostitution in our city and we are continually on the alert against solicitation and streetwalking.

Last year we made 621 arrests for prostitution and commercialized vice offenses and have averaged 610.6 for the past three years. Last year 533 of these arrests were found guilty, giving us a conviction rate of 85.8 per cent. We believe that this is good, in view of the difficulty of obtaining admissible evidence for such cases. Our conviction rate for all sex offenses except rape was 81.4 per cent, which is well above the national average of 69.1 per cent. Add this to the fact that we have arrested 46 per cent more persons here for sex offenses last year than the average reported for cities over 25,000 population and it can be seen what we are attempting to do with respect to enforcement of these laws. Our enforcement rate last year was 157.2 persons charged per 100,000 population, which means that we averaged almost 2 arrests (1.96) each day throughout the year.

Last year we sent 550 prostitutes to the venereal clinic for inspection. It was necessary to detain over a fifth (22.5 per cent) of these for quarantine and treatment because of active disease. Thus

far this year we have sent 310 women for examination. Apparently there are fewer among them with contagious disease, a very encouraging indication.

We in Cincinnati do not claim to be doing anything unusual. Other police in Ohio can do likewise if given the proper administrative support and public backing. The authority has been provided by the State Code in *Section 13031-13*. Most local health departments are set up to make examinations and treatment can be arranged through various means. The federal and state governments are also ready and willing to assist local authorities. The medical aspects of the situation will take care of themselves when the enforcement end is provided for.

If citizens of a community have been contented to let bad conditions exist with respect to prostitution in the past, it now becomes their patriotic duty to change their attitude and take action against such conditions that boys in uniform stationed at various points throughout the country or traveling to or from these point may be protected from exploitation by prostitution racketeers and disease. And communities should be as eager also to protect their industrial workers, since every man-hour lost is time ahead for the Axis forces.

The Federal Security Agency and the Federal Bureau of Investigation have indicated their willingness to aid in the stamping out of prostitution, especially around defense and military areas. But the control of prostitution is essentially a local problem. It should be and can best be handled by local law enforcement authorities. If the local police cannot handle the situation in their community or for any reason refuse or fail to do so, then the federal government may take over and take away from the local people the job of policing for prostitution. The authority to do this comes from *Public Law No. 163* passed by the 77th Congress in July, 1941. This is generally known as the *May Act*, and provides that prostitutes, madams, procurers, panderers and owners of property used are subject to prosecution as federal offenders.

Although able to invoke this authority whenever the secretaries of War or Navy shall deem it needful to the efficiency, health and welfare of the army or navy, they prefer to do so only when other means have failed. In this connection Colonel Meriwether has stated:

“Our experience in the Fifth Corps Area proves conclusively that where we are successful in closing houses of prostitution and reducing clandestine prostitution on the streets, our venereal disease rate shows a marked decline.

“The subject of venereal diseases is a serious one and while we are making some progress in control of these diseases in the military personnel, it is still the cause of incapacitating large numbers of troops.

“We believe the local people are best fitted to control prostitution. The May Act makes it a federal offense, takes the control from local authorities and places it in the hands of the federal authorities. It has been the policy of this Corps Area not to invoke the May Act, except as a last resort. If the situation should become so serious in any of the defense areas that it is deemed advisable to take such definite steps, it will likely

be promptly invoked. However, we hope to avoid such steps wherever possible by working closely with local authorities in a mutual program of protection of the military personnel and defense workers."

This places the job squarely in the hands of those of us who are charged with the enforcement of law and order in our communities. In my opinion it should not be necessary for the May Act to be applied in any Ohio areas. If federal authorities do so it will indicate a breakdown of the local control, a failing of local officers to accept their responsibility. Those of us who are in police work as a profession do not want this to happen, and if I am any judge of the profession in Ohio, it will not happen here.

### PLANNING FOR "THE KIND OF HELP THEY NEED"

ILLUSTRATIVE OUTLINE STUDIES OF THE BACKGROUND, STATUS AND INDIVIDUAL REQUIREMENTS OF WOMEN AND GIRLS ARRESTED FOR PROSTITUTION AND ALLIED OFFENSES IN THREE SELECTED CITIES, WITH RECOMMENDATIONS, AND NOTES ON MEANS AND METHODS OF MEDICAL CARE AND SOCIAL TREATMENT PROVIDED.

When the Social Protection Section of the Office of Defense Health and Welfare Services was established in March, 1941, one of its main assigned jobs, in addition to protection activities, was to bring about such means of care and treatment of the women and girls arrested and convicted for prostitution that those who can return to acceptable modes of life will receive the kind of help they need, suited to their individual requirements, and that the others will be dealt with in accordance to their needs and capacities. Difficult and delicate at any time, this task at the outbreak of war became a thousand times more so. Prostitution racketeers, taking advantage of the concentration of men for the war emergency, began recruiting many more women and girls for their purposes. When arrests were made, communities were found not to have proper facilities for detention. And the whole field of rehabilitation of those exploited in this vicious "business" lacked sufficient numbers of social and health workers who knew how to go about this salvage project. The public was generally confused and apathetic, many considered it a hopeless task. Nevertheless the studies which official and voluntary agencies had been able to make pointed the way. And

when the Social Protection Section was established, it began more extensive observations of conditions and practical procedures. Holding to the principle that while the Federal Government can assist with plans, advice and money, nothing really effective happens unless it happens locally, the Section Officers started working towards its nation-wide objective by suggesting, through its regional supervisors and representatives, that the communities restudy their local problems, measure their resources and draft their programs of action to give to all those arrested—particularly the women and girls arrested for prostitution—proper care and protection, fair trials and the kind of help they need.

The brief statements which follow are instructive examples of local studies made with these intentions.\* They represent only first steps by the communities concerned, mere background sketches. In these and other communities, because of surveys like these, there is already a new consciousness among social and health workers, the public is showing interest, new groups and committees are being formed for further study and joint effort, and local authorities have undertaken to provide better facilities for medical care and social treatment. The Federal Government is doing its part, through provision of new hospital facilities and detention homes. The state health and welfare departments are helping. New state laws for repression of prostitution and care and treatment of prostitution's victims—both women and men—are being adopted. Correlated with such activities are additional measures for prevention of exploitation of young people generally. All these developments are important and necessary. But, each town must have—in good operating order—facilities for dealing with this problem, if permanent results are to be secured.

Community studies like these are helpful alike to the local community and the nation.

\* EDITOR'S NOTE: The encouragement, support and leadership of municipal officers have been an important factor in the making and application of such studies. The Director of Safety, L. P. Anderson, for example, specifically mentioned in the San Antonio studies, has been an outstanding figure, together with Mayor Harry Cain of Tacoma, in calling the nation's attention to these community problems.

# 1. GIRLS AND WOMEN APPREHENDED BY POLICE IN SAN ANTONIO, TEXAS, FOR PROSTITUTION AND ALLIED OFFENSES

*A preliminary report made by MRS. LAURA WAGGONER, Director, Travelers Aid Service, United Service Organizations, with the cooperation of Director of Safety L. P. ANDERSON, San Antonio*

The following report is based upon interviews with fifty girls made from May 20, to June 20, 1942. These interviews are the first in a study of girls apprehended by the police for prostitution and allied offenses which is being carried on by the Travelers Aid in San Antonio, Texas.

Thirty-seven girls were actually receiving treatment in the venereal disease clinic at the City Jail. Thirteen girls were arrested on vagrancy charges, examined at the clinic, found to be free from venereal disease and referred to Travelers Aid. This does not represent the total number of girls arrested for the period—some of those held on vagrancy charges were released before it was possible to interview them. It was also not possible due to the lack of time to interview all clinic girls.

## *Ages of Girls and Women*

27 are between 14 and 20 years	5 are between 30 and 35 years
12 are between 20 and 25 years	4 are between 35 and 42 years
2 are between 25 and 30 years	

The youngest is 14 years of age and the oldest 42 years of age. Eight girls are nineteen years of age and eight are seventeen years of age. The report does not include juvenile girls—those shown misrepresented their ages, and if detained in the clinic were referred to the Juvenile Bureau.

## *Race or Color*

42 are White or Anglo-American	4 are Negro
4 are Mexican or Spanish-American	

## *Place of Residence*

11 are residents of San Antonio	24 are residents of other states
15 are residents of Texas (have come into San Antonio within one year of the interview)	

## *Marital Status*

19 are married (currently)	5 are separated from husbands
13 are divorced	13 are single (Have never been married)

Eight girls and women have twelve children.

## *Education*

2 claim graduation from high school	2 finished the sixth grade
5 have had some high school training (through the second year)	7 finished the fifth grade
22 state they have gone as far as the eighth grade	2 finished the fourth grade
3 finished the seventh grade	2 finished the third grade
	2 obviously low-grade mentally-unable to give information
	3 unknown

There has been no opportunity to verify the veracity of statements in regard to education.

### *Occupation*

- |   |  |
|---|--|
| 28 give their main occupation as<br>cafe workers and honky-tonk<br>hostesses            | 3 are laundry workers<br>1 has worked in the fields pulling<br>corn and picking cotton |
| 10 give occupation as prostitutes<br>5 have done housework as their<br>major employment | 2 have never worked  |
| 1 has had some nurse's training and has been employed as a practical nurse              |  |

### *Earnings*

The average earning for the girls interviewed is \$6.00 weekly. This average is based upon the earnings reported for the last or current job held. Actually the individual employment histories show many gaps in employment. Tips were not counted in. Except for girls who work all night, tips are negligible. Where girls work on salary for night work, they say they earn \$1.00 to \$1.50 in tips nightly. If they work on commission, they receive practically nothing in tips.

Of the ten who are experienced prostitutes one, who has been "in the business" over twelve years, has bought a cafe and says she is "going straight". Three are probably incapable of rehabilitation without long-time supervision. One is mentally incompetent and has been committed to an institution for the insane. Another is very low-grade, and efforts are being made to secure information about her in order to arrange commitment. Four are capable of rehabilitation. Of this number, two are seeking defense jobs.

Of the remaining forty, one is mentally incompetent, the wife of a soldier. She is eight months pregnant, and arrangements have been made through Red Cross for her care. Thirty are young, and with some supervision, can be helped to make readjustment. They need decent housing, jobs and an "even chance" to get by. The other nine will probably require long-time services.

As the program is now "set up" the clinic is held at the City Jail. Space for twenty-two girls and women has been assigned as detention quarters. It is furnished with regular jail bunks, a table and a few chairs. Until a few days ago, there were only ten sheets—now a supply of over one hundred has been received. There are no pillow cases, towels or other toilet necessities. The food is better than that provided for regular prisoners, and girls are permitted to purchase cigarettes, candy, fruit, etcetera.

The Travelers Aid has provided magazines, books, games and stationery. On the whole, the atmosphere and attitude of the girls is good. The matrons are kindly and give the girls as much freedom as is possible.

Girls are detained only until treatment is completed. There is no provision for the girl to remain long enough to work out a plan. This makes service very difficult and often impossible. The greatest

present need is to develop resources for the care of such girls for whom rehabilitation plans are in process. When the girl is dismissed from the clinic, there is no housing available except that obtained in rooming houses and hotels.

The Salvation Army maintains a women's shelter. However, such housing is of an emergency nature, and the officials complain if girls remain there more than two or three nights. The Shelter does not accept referrals from other agencies, but their "social worker" interviews each girl with generally disastrous results as far as relationship with the girl is concerned.

The YWCA has an emergency room with two cots. There is a three-night limit on the use of this facility for each individual girl. The YWCA maintains no supervision over this room and does not welcome "problem girls". The ordinary residences for girls, YWCA, Girls' Club, Casa Regina, Catholic Women's Association have long waiting lists and do not encourage either transient or problem girls.

There is no regularly organized and functioning Family Service Agency. A Catholic Welfare Bureau is in the process of development and organization. It stands ready to furnish funds for room rent and food and to render some case work services for a limited number of girls and women. It is under-staffed and already over-loaded. The Catholic Welfare Bureau will assist non-Catholic as well as Catholic girls.

The Travelers Aid stands ready to give service to non-resident girls. Two cases have been referred to Red Cross. There is no public relief in San Antonio for residents and no assistance whatever for non-residents.

The study is a cooperative effort between Social Protection, Travelers Aid and a Committee of the American Association of Social Workers of which the director of Travelers Aid is chairman. It is expected that the committee will act as a nucleus in an attempt to develop local resources to aid in rehabilitation plans.

The following brief summaries illustrate some of the situations in which the girls interviewed find themselves:

*Case Number 1.*

Sue is one of four girls picked up by the Vice Squad in one of the better hotels in San Antonio and held for examination in the clinic. She is discovered to have gonorrhea and is detained for treatment. The girl gives her age as nineteen years. She is very small, delicate and extremely pretty. Sue does not appear to be as old as she says. The girls hitch-hiked to San Antonio from a neighboring city to find adventure and excitement. Sue had a sergeant boy friend at Fort Sam Houston. The girls had a gay time for two days when they were picked up by the police.

In talking with the girl, she admitted freely that she had had sexual relationship with several men, and she blamed a sailor for her present condition. Because of her extremely youthful appearance, her home city was communicated with by telegram, and it was ascertained that the girl's correct age is fourteen. She was transferred to the Juvenile Bureau. Travelers Aid continued its



contact with the social agency in the city from which the girl came, made transportation arrangements and at the expiration of her period of treatment, placed her on a bus for home. The girl's mother is a widow receiving A.D.C. Supervision and guidance was promised by the agency administering the A.D.C.

#### *Case Number II.*

Mary is the wife of a soldier stationed on the Pacific Coast. She is nineteen years of age, and her husband is only one week older. They were married when they were both fifteen years old. The girl's mother urged the marriage because Mary did not get along with her step-father and "was only a source of trouble at home." Mary has two babies, one three years of age and the other eleven months. The couple came to San Antonio from a rural community in Texas six months ago. The boy walked the streets for two weeks looking for work. He was only eighteen and had no work experience except that in the fields. Mary has picked cotton and pulled corn since she was six years of age, "old enough to stand on her feet and hold a bag." Finally the boy, in desperation, joined the army. Mary got a job in a dance hall and honky-tonk at \$7.00 a week. The soldier was transferred away from San Antonio almost immediately.

Mary tried to find a boarding place for her babies. She could find nothing cheaper than \$5.00 a week payable in advance. The first time Mary took a soldier to her room was when she had to have \$5.00 the following morning to pay board for her babies. She says she "will never forget that first time". Since then, Mary has regularly supplemented her earnings by prostitution. She contracted gonorrhea, and a soldier turned her in. She says she "doesn't blame him because she might have infected many others and she is glad to receive treatment".

The soldier's mother has come to San Antonio to help maintain a home for Mary and her babies. In addition the soldier's sister, also married to a service man stationed on the Pacific Coast, has brought her baby to become members of the family. She, too, works in a honky-tonk and makes \$7.00 a week and supplements her income in the same way that Mary does. With the two girls, the mother and the three babies, there are six in the family. They pay \$7.00 a week for two miserable rooms in the rear of a house. The combined earnings of the two girls is not sufficient for the barest necessities. Both girls need to have clothing in which to be presentable on their jobs.

Mary informed interviewer that almost immediately after her husband enlisted, he made application for dependency discharge. The interviewer referred this situation to the Red Cross. She learned that a dependency investigation had been made and that no recommendation for this man's release was made due to the fact that he had been unemployed before he enlisted and had not been taking care of his family. Another inquiry had been received from the boy's Commanding Officer asking for another investigation and report. The boy has been talking to his chaplain as well as the Red Cross at his camp in an endeavor to secure a discharge. Because of pressure of work, the local Red Cross has not been able to make the second investigation but promises to do so. The situation was explained to the Red Cross, and they promised to help relieve the present emergency.

During the time Mary was confined to the clinic, a period of almost two weeks, she received no earnings to contribute toward the support of the family. When the family was visited, their rent was in arrears over two weeks, and they had been having great difficulty in providing sufficient food for the children.

#### *Case Number III.*

A tall, thin, blond girl, almost emaciated in appearance, is referred. She says that she is nineteen years old. Her employment history for the past year includes the names of fifteen beer joints, honky-tonks and taverns in and around San Antonio where she has worked from a few days to a month at a time. In addition, during this period, Helen has visited neighboring cities and army camps. She complains that she has changed employment so frequently because she does not feel well enough to work. There were several weeks

during the year in which she was actually ill, and a "boy friend" paid her expenses while she rested. Helen has a health card which permits her to work as a waitress and cafe worker. Physical examination revealed advanced tuberculosis. Boarding care was arranged and steps taken to secure admission to a tuberculosis sanatorium.

According to the girl's story, she is an orphan with no relatives. She gives the name of an Indian orphanage in Oklahoma where she lived and went to school. With the name of this school as the only clue in regard to the girl's background, the interviewer wrote a letter and received an immediate reply. Helen is discovered to be a runaway from the orphanage, who disappeared two years before at the age of thirteen. She is now fifteen years of age and has been roaming around the country on her own for two years. Within two weeks Helen was admitted to a tuberculosis sanatorium for Indians in Oklahoma and is now undergoing treatment.

#### *Case Number IV.*

Nancy is twenty-two. She comes from a small town in Texas and has been living in San Antonio for eight months. She has been married and has a little girl five years of age. She is divorced. She says that during the time her baby was small, her husband started "running around". She divorced him about nine months ago, and he has remarried. Nancy comes from a good sturdy country family. She is a refined and attractive-looking girl. She finished the tenth grade in school, and in her home town worked as a clerk in a department store. Since coming to San Antonio, Nancy has worked at honky-tonks and bars.

When arrested on the complaint of a soldier, she was working in the kitchen of a cheap tavern earning \$6.00 a week. Nancy says that she asked to work in the kitchen because she "simply cannot coax men to drink". Nancy does not like her work as cafe waitress and wants to do something else. She admits that she has been careless and easily discouraged and has not made any great effort to help improve her employment condition. She says that since she started working in cafes, she has learned to drink and that when she drinks, she is careless and reckless. Nancy appears anxious to secure some other type of employment and needs encouragement and help. Since Nancy's discharge from the clinic, every effort is being made to help this girl to secure a defense job.

#### *Case Number V.*

Annie is a plump countrified girl of seventeen with a jolly smile and twinkling brown eyes. She radiates good nature and complacency. Annie ran away from home a year and a half ago and came to San Antonio. At that time she had her first sex experience and contracted gonorrhea. Her mother sent transportation money, and the Juvenile Bureau returned the girl to her home in Ohio. She received proper treatment and remained home for a short time.

During the past nine months, Annie has been in and out of San Antonio, sometimes staying a few months and sometimes only a few days. She has frequented almost entirely the cafes and beer joints around the public market where the truckers and other men connected with wholesale produce congregate. In checking her employment, it was found that she would work a few days or a week in first one cafe, then another. Three weeks ago Annie decided very suddenly to take a trip to Oklahoma City with two truck drivers. After she arrived there, she joined a carnival and traveled for ten days in Oklahoma and Arkansas. She left the carnival at Little Rock and returned to San Antonio.

When she went to the Health Department to get her health card, she was found to have gonorrhea and was referred to the clinic. Annie is quite willing to receive treatment and made a voluntary commitment. She has two soldier boy friends in San Antonio and does not want to return to her home in Ohio. She says that she loves her mother and her family, but she has had so much excitement that she is not contented to remain at home under her mother's

supervision. Annie admits that she has been promiscuous in her relationships with men.

The interviewer is in correspondence with the representative of the Bureau of Aid to Dependent Children in the city in which the girl lives. Annie's mother is a widow receiving A.D.C. Efforts are being made while Annie is in the clinic to work out a satisfactory plan.

#### *Case Number VI.*

Agnes is seventeen years old, an attractive-looking negro girl. She works in a laundry earning \$6.00 a week. She was married when she was just a little past fourteen and has a baby two years and six months old. Agnes was "turned in" by a soldier. She has been found to be suffering from both syphilis and gonorrhea and is under treatment at the venereal disease clinic. She is a resident of San Antonio and lives with her mother, who has five children in addition to Agnes' child between the ages of three months and fourteen years, and supports her family working in the same laundry with Agnes, earning approximately \$10.00 a week. Agnes' mother is separated from her second husband.

The girl is rather hard and indifferent and chewed gum noisily throughout the interview. She is separated from her husband and is planning to secure a divorce. Both she and her mother have to arrange for someone to take care of the children while they are away. As they come from work at 5:30, they pick up the children and take them home.

#### *Case Number VII.*

Carolyn is 23. She is so blond that she appears almost an albino. When she was picked up by the police, she was in the secondary stage of syphilis and so infectious that she remained in isolation for about a week. At that time Carolyn was working in a well-to-do home as a nursemaid taking care of two children, one seven years of age and the other two months. She comes from an outlying community, is of German parentage and her father is a union carpenter earning very good wages. Carolyn is the oldest girl in a family of eight children. She states that she finished high school and wanted to train for a nurse, but her mother became ill, and as she was the only girl old enough to wait on her mother, she had to give up her idea of becoming a nurse.

Except for one brief experience of two weeks, Carolyn has never worked in a night club. Her employment has consisted mainly in housework and taking care of children. The girl's sister is also working in San Antonio and plans to take Carolyn home after she is dismissed from the clinic.

#### *Case Number VIII.*

Hazel is forty. She is tall, thin and partially paralyzed. At the time of the interview, she had sprained her ankle and was hobbling around on one foot. She is dressed in a pair of dirty blue slacks and a ragged blouse and looks very unkempt and uncared for. Hazel is being treated for syphilis and has been in and out of jail many times on charges of being drunk. She has been married four times and had one child who is dead.

For the last five years Hazel worked in a cheap beer joint in one of the poor districts in the city where she earned 5c commission on each drink sold. She had a bed in a back room of the cafe. These drinks were a mixture of coca cola or soda water with a little wine on top. The place could not compete with other cafes, and at the end the girl was not earning enough to buy cigarettes or have her laundry done. The owner finally closed up the cafe, and Hazel was thrown out on the street. When she is not in jail, she lives with another woman also a drunkard. She has no relatives other than distant cousins in Tennessee and Kentucky.

*Case Number IX.*

Betty is twenty-six and a prostitute of ten years experience. She wandered into San Antonio with some soldiers and was picked up in one of the cheap hotels. She was found to be about seven months pregnant and so mentally upset that it was necessary to transfer her to a cell where the insane women prisoners are kept. The county physician who has charge of commitment refused to commit the woman to the insane asylum because she was a non-resident. He ordered her released from the jail. The sheriff refused to release the girl because of her physical and mental condition.

Travelers Aid talked with Betty and on the strength of very meager information was able to identify her in an eastern city. Her residence was established and authorization received for her return. Because of the woman's mental condition, it was impossible for her to travel alone. With the financial assistance of the Catholic Welfare Bureau, an attendant was provided, and the girl was returned to Pittsburgh, Pennsylvania, where she was committed to a hospital for the insane.

## II. A PRELIMINARY STUDY IN ANOTHER CITY

Thirty-seven girls were interviewed at the quarantine hospital in connection with the social protection study. Returns of medical diagnosis have not been received for all cases, but preliminary tabulations have been made from the original interview outlines. The data represent, in large part, unverified statements of the girls interviewed. In most tables, white and Negro cases are shown separately although it is recognized that valid comparisons between the white and Negro groups cannot be made because of the small number of cases involved.

### *Type of Infection*

Medical diagnosis received on 30 cases show that 26 girls were found to be infected with venereal disease, seven having multiple infections. Four were found to be free from venereal disease. All eight Negro girls diagnosed were found to have syphilis and four of them had other infections as well. Among the white girls, gonorrhea was more common than syphilis.

<i>Diagnosis of type of infection</i>	<i>Total</i>	<i>White</i>	<i>Negro</i>
Gonorrhea . . . . .	9	9	0
Syphilis . . . . .	10	6	4
Combinations— . . . . .			
Gonorrhea and Syphilis . . . . .	7	3	4 <sup>1</sup>
Not infected . . . . .	4	4	0
Not available . . . . .	7	6	1
<i>Total . . . . .</i>	<i>37</i>	<i>28</i>	<i>9</i>

<sup>1</sup> One Negro case shown to have syphilis and granuloma inguinale

### *Age and Race*

The ages of the girls admitted to the quarantine hospital ranged from 12 to 32, with concentrations of cases occurring in the 15-19 and the 20-24 year age groups. The youngest case involved a Negro girl of apparent subnormal mentality.

<i>Age</i>	<i>Total</i>	<i>White</i>	<i>Negro</i>
Under 15.....	2	1	1
15-19.....	15	10	5
20-24.....	15	13	2
25-29.....	4	3	1
30-34.....	1	1	0
<i>Total</i> .....	37	28	9

### *Marital Status*

Only six of 37 girls claimed to be married at the time of the interview, but an additional 19 girls indicated marriages which had been terminated either through divorce proceedings, desertion, or other separation. One of the girls has two children, and ten others have one each.

	<i>Total</i>	<i>White</i>	<i>Negro</i>
Single.....	12	6	6
Married.....	6	6	0
Divorced.....	6	6	0
Deserted.....	5	4	1
Deserting.....	5	4	1
Separated.....	3	2	1
<i>Total</i> .....	37	28	9

### *Place of Residence*

Most of the girls interviewed were found to be natives of the state studied. Several others claimed Texas as their residence. Four of the seven girls from other States had come to the area concerned to be near husbands stationed in army camps there.

<i>Residence</i>	<i>Total</i>	<i>White</i>	<i>Negro</i>
State studied.....	23	14	9
Texas.....	7	7	0
Other States.....	7	7	0
<i>Total</i> .....	37	28	9

### *Education*

Eighteen of the 33 girls who supplied information on the extent of their formal education had not gone beyond the eighth grade. About one-third of the group had less than sixth grade training.

<i>Highest grade Attended</i>	<i>Total</i>	<i>White</i>	<i>Negro</i>
12th.....	5	4	1
11th.....	2	2	0
10th.....	3	2	1
9th.....	5	5	0
8th.....	1	1	0
7th.....	3	0	3
6th.....	3	3	0
5th.....	8	7	1
4th.....	0	0	0
3rd.....	1	1	0
2nd.....	0	0	0
1st.....	2	0	2
Unknown.....	4	3	1
<i>Total</i> .....	37	28	9

*Occupation*

The main occupation claimed by most of the girls involved work of some kind in cafes and honky-tonks, waiting on table or entertaining. Only four girls admitted "hustling" as their principal means of livelihood. The case records for about half the cases, however, contain evidence of prostitution. The following classification is based on occupations claimed by the girls interviewed.

Cafe Workers . . . . .	20
Domestics . . . . .	5
Prostitutes . . . . .	4
Other . . . . .	5
Never Worked . . . . .	3
<i>Total</i> . . . . .	<hr/> 37

### III. AN INDIVIDUAL STUDY OF WOMEN HELD IN THE TACOMA CITY JAIL AND PIERCE COUNTY DETENTION HOME

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The following report is an attempt to ascertain the increase or decrease in the number of women and girls held in the city jail and detention home in Tacoma during a seventeen month period from January 1, 1941 to June 1, 1942. In compiling this report, the purpose was not to do a thorough scientific study but rather to provide a working basis which might be of assistance in dealing with this situation.

Previous to 1941 accurate figures were not available for this study, due to lack of examining and treatment facilities in the City clinic. In August, 1940 clinic equipment was improved and record keeping standardized. A part time urologist and syphilologist were added to the staff at that time. Also clinic facilities in the women's section of the city jail were improved. The urologist makes three visits weekly to jail to examine and treat women held for venereal investigation.

During the middle of the year of 1941 it seemed to be apparent more girls and women were coming to our attention, through the city jail and the detention home, for examination and treatment. This coincided with the expansion of industry and the starting of the general immigration of workers into the area. The military population in the area had vastly increased over 1940, with the natural following of families, wives, sweethearts, and girl friends of the soldiers who located in Tacoma where jobs are plentiful and wages high.

The cases included in the study are only those referred to the clinic for examination by the Police Department and the juvenile authorities.

### Statement of the Problem

It was found that from both these detention facilities, 278 women and girls were referred to the clinic for examination during the seventeen month period.

The police made 209 referrals of those held in the city jail.

The juvenile authorities and the women's protective division of the Police Department referred 69 held in the detention home.

As indicated in *Table I*, during 1941 the number of women referred by the detention home and city jail was 165. In the five month period of 1942, 113 had been referred. This indicates that if the present rate of referral continues, there will be a 62 per cent increase in 1942 over 1941.

The residents during 1941 were 109 and non-residents 56, showing that 34 per cent were non-residents.

Those found with a venereal infection in 1941 were 40, and not infected 125, showing 24 per cent infected.

In 1942 there were 29 infected and 84 not infected, showing 26 per cent infected. While these figures are based on a short period of time and may be questioned, they seem to show an indicative increase in trend.

TABLE I. COMPARISON BETWEEN THE YEAR 1941  
AND THE FIRST FIVE MONTHS OF 1942

	<i>Number Examined</i>	<i>Residents</i>	<i>Non- Residents</i>	<i>Infected</i>	<i>Not Infected</i>
1941	165	109	56	40	125
Per cent 1941		66 per cent	34 per cent	24 per cent	76 per cent
1942 Five mos.	113	63	50	29	84
Per cent 1942		55 per cent	45 per cent	26 per cent	74 per cent

The charges to hold these girls in jail were varied and were made by the arresting officer of the Police Department. Arrests on 209 were classified as indicated in *Table II*.

TABLE II. CHARGES ON WHICH ARRESTS WERE MADE

	<i>Morals charge</i>	<i>Disorderly conduct</i>	<i>City vagrancy</i>	<i>Drunk</i>	<i>Prostitute or inmate of house of prostitution</i>	<i>Venereal Disease investi- gation</i>	<i>Indecent conduct</i>	<i>Totals</i>
1941	2	17	20	33	7	31	5	115
Per cent 1941	1.7	14.8	17.4	28.7	6.1	27	4.3	
1942 Five mos.	6	19	19	18	19	11	2	94
Per cent 1942	6.4	20.2	20.2	19.2	20.2	11.7	2.1	

*Total*

209

The average time that these girls were held in detention for examination was seven days. If treatment was necessary and they were believed to be irresponsible and had no family to whom they could be released for supervision, they were held longer. One girl was held in jail for three months of treatment. She had previously been released and proved herself unreliable. She was then held for three months to attempt to render her noninfectious. There was no family or responsible friends to assume supervision of her after release. However, employment was obtained for her in another city.

In *Table III*, the girls are classified as:

*First offenders*: (under observation of the clinic for the first time as an inmate of the jail or detention home);

*Occasional offenders*: (under clinic observation twice previously);

*Habitual offenders*: (under observation of the clinic three times or more.)

The study is based on three age groups of offenders: minors, from 9 to 20 years inclusive; 21 to 29 years inclusive, and 30 years and over.

For the seventeen month period, of the total of 278, in all age groups examined, 69, or 24 per cent, were found infected with a venereal disease. One hundred and eighty-three were residents of the community and 95 non-residents, or 34 per cent, of the individuals were not residents of this community.

TABLE III. CLASSIFICATION BY AGE, LOCATION, HEALTH AND LEGAL STATUS

<i>Status</i>	<i>Age group 9-20 inclusive (minors)</i>	<i>Age group 21-29 years inclusive</i>	<i>Age group 30 years and over</i>	<i>Total</i>
Infected .....	22	33	14	69
Not infected.....	73	68	68	209
<i>Total</i> .....	95	101	82	278
First Offender.....	75	72	46	193
Occasional Offender...	18	19	17	54
Habitual Offender....	2	10	19	31
<i>Total</i> .....	95	101	82	278
Resident .....	59	62	62	183
Non-Resident .....	36	39	20	95
<i>Total</i> .....	95	101	82	278

### *Needed Program*

After study of the *Tables* it is apparent that the minor age group from nine to twenty years inclusive, which is 34 per cent of the total group, are young people for whom the public is entirely



responsible. Of the total of 95, those known to the juvenile authorities were 69. The other 26 were girls held in the city jail.

A survey to find the number in this group registered with social agencies, found 54 registered and 41 not registered with any agency. The records do not show how recently any were known to a social agency.

The situation is apparent. There is a group of minor girls in Tacoma who are in social difficulties and in present or potential physical difficulties. Under the present plan they are subjected in the city jail to the society of habitual offenders, such as drunks and prostitutes. They are released without a plan or assistance for their future. The community has the right to expect them to be isolated from the general public and they should be isolated from habitual offenders. This problem could be relieved for these minor girls by a social plan for protection and rehabilitation including training and employment, adequate housing and recreation.

*Recommendation:*

1. Provision of trained personnel to segregate cases and accept responsibility for the social plan at the time they enter detention.
2. Location of proper detention while under examination, treatment for study and until released from the enforcement agency.
3. Consultations with a psychiatrist for mental disorder with recommendation for social adjustment.

In the age group 21 to 29 inclusive, 39 per cent are non-residents of this community. The predominant charges against this group are disorderly conduct and city vagrancy. The number previously known to any social agency is 40, but there is no indication of how recently they were known to that agency. Sixty-one were not registered.

Many of this group are soldiers' wives, seeking employment and housing. Many are untrained and have difficulty in finding work. In this group 71 per cent are first offenders and are as much bewildered in this congested city as are young girls. Recommended:

1. Social service to study the cases at the time they enter detention. Segregation as needed as a result of the study.
2. Clinical service of a psychiatric nature for diagnosis and direction.
3. Assistance for employment and rehabilitation including recreation.

The age group of 30 years and over presents a different problem as 44 per cent are habitual offenders. The predominant charges against them are drunkenness and city vagrancy. Twenty-seven had been previously registered with a social agency; not registered, 55.

*Recommended:*

1. Social history.
2. Adequate housing.
3. Psychiatric examination.

*Final Recommendations for a Community Plan for Social Protection:*

1. A committee of responsible people, with an active chairman, to include lay, professional and law enforcement representatives, charged with a specific responsibility of putting a corrective program in operation.\*

2. Committee functions:

a. Plan for detention facilities.

b. Plan for adequate personnel.

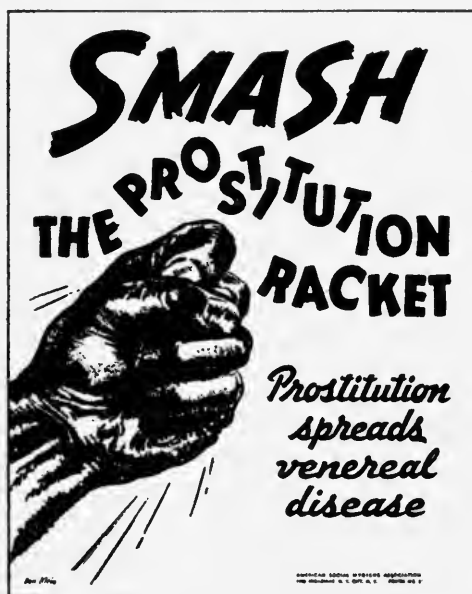
c. Plan for provision of funds.

d. Delegate to existing agencies or a new agency, the responsibility of promoting this as a community program and executing the protection of the individual by the case work plan.

\* Recent correspondence indicates that such a committee is being formed.

## NEW SOCIAL HYGIENE POSTERS

*Smash the Prostitution Racket* is one of a set of six posters recently produced by the American Social Hygiene Association for education of the public. Other placards are titled *Health Is a Patriotic Duty—Keep Fit, A Blood Test and Examination Protect Your Health and Family, Syphilis Can Be Cured, Two Men Who Had Syphilis, and We Are Helping to Stamp Out Syphilis.*



Published especially in response to requests from industrial plants for educational posters, these are generally useful. In two colors, blue and yellow, on strong white paper, size 11 x 14 inches, the price is 50 cents per set, postpaid; \$5.00 per dozen sets or \$25.00 per hundred sets, plus postage. Order from the Association at 1790 Broadway, New York City.

## A STUDY OF PROTECTIVE MEASURES IN THE CITY OF BOSTON

In November 1941, the Committee on Social Protective Measures of the Boston Committee on Public Safety—Miss Gertrude Hooper, Chairman—appointed a Survey Sub-Committee to make a survey of conditions in Boston upon the basis of which a social protection program for the City might be inaugurated by the main committee.

The Sub-Committee, hereinafter called the Survey Committee, consisted of the following members:—

Richard H. Anthony, *Chairman*; Emmanuel Borenstein, Miss Mary L. Brinn, Miss Dorothy J. Carter, Miss Mary A. Clapp, Miss Mary Driscoll, Harold G. Dunney, David Geller, Captain James J. Hinchey, Mrs. E. B. Houghton, John B. Hozier, M.D., John J. Murphy, O. T. Gilmore, *ex officio*; Miss Gertrude Hooper, *ex officio*; Miss Josephine J. Albrecht, *Secretary*.

The Survey Committee held its first meeting on November 21, 1941 and discussed the suggested outline which would serve as a basis for the survey. Sections of the survey were assigned to different members of the Committee. It was immediately apparent that the Survey Committee did not have the funds, personnel, nor the time to make a first-hand observational report on many of the conditions about which information was sought, but would have to rely on the reports of various individuals and agencies conversant with conditions. By this much, the word "survey" is a misnomer, but is used for want of a more accurate term to describe the type of study herein made.

The Survey Committee agreed to confine its study to matters of an emergency nature, and, therefore, postponed consideration of *Title IV—Educational Programs*. The Committee, however, recognizes the importance of including educational programs in any long-term social protection plans.

While collecting data the Survey Committee met several times to compare notes on progress.

The tentative findings and suggested conclusions and recommendations as published here with the survey outline were prepared and discussed in detail by the Survey Committee at a final meeting on March 6, 1942. The final report was accepted by the Committee on Social Protective Measures at a meeting on March 18, 1942.

## SUGGESTED BASIS FOR COMMUNITY SURVEY OF SOCIAL PROTECTION PROBLEM

### *I. The Serviceman on Leave*

#### *A. The pattern to date*

1. Potential soldier and sailor influx into the community at any one time: daytime, evening, overnight, week-ends.
2. How do soldiers and sailors get to the community when they are on their own, in what approximate proportions, at what cost?
  - a. Train—price of fare
  - b. Bus—price of fare
  - c. Other transportation—price of fare
  - d. Private conveyance
3. Where do the servicemen on leave go in the community (pattern of movement)? By what street routes:
  - a. Soldiers from ..... (encampment, fort, etc.)
  - b. Sailors from ..... (yard, establishment, etc.)
  - c. Do they tend to remain near the railroad and bus terminals, or do they disperse?
  - d. Where do they congregate in greatest numbers?
4. What types of places and services do servicemen on leave patronize:
  - a. In the daytime
  - b. In the evening
  - c. Overnight
5. What prices are asked for essential services to men on leave for:
  - a. Food (in places most frequented by them)
  - b. Liquor (in places most frequented by them)
  - c. Lodgings
  - d. Amusements (casual attendance, not for specially-conducted groups):
    - (1) Theaters
    - (2) Sports
    - (3) Other
  - e. Dances conducted by non-commercial organizations

6. What recreational and other services do servicemen on leave patronize in the community, in what numbers and at what times:

- a. Recreation centers
- b. Non-commercial dances and other entertainments
- c. Home hospitality
- d. Information services
- e. Lodgings
- f. Churches

*B. What services do soldiers and sailors find lacking in the community?*

*C. Recommendations*

## *II. The Girl Problem*

*A. The pattern to date*

1. What public places do unaccompanied women and girls frequent in substantial numbers and where they may meet servicemen on leave:

- a. Out-of-doors
- b. Taverns and restaurants (including "juke joints," and where dancing is an adjunct)
- c. Hotels
- d. Bowling alleys
- e. Dance halls (where dancing is the main purpose of operation)
- f. Roller-skating rinks
- g. Other

2. What kind of supervision (a) police, (b) health, (c) licensing, is exercised over the places where unaccompanied girls and servicemen meet:

- a. Out-of-doors
- b. Taverns and restaurants, dance halls, roller-skating rinks, bowling alleys, etc.
- c. Hotels
- d. Other

3. Are girls employed in taverns and other commercial places frequented by servicemen, and if so, under what conditions as to:

- a. Hours of employment (length, at what times of day and week)
- b. Wages (do they depend largely upon tips?)
- c. What are their duties (serving food or drinks, acting as hostesses, dancing partners, etc.)

4. In arrests of girls in parks, taverns and other public places, what action is taken by:

- a. Arresting officer (including charges on which arrested)
- b. Jail attendants

- c. Court
  - d. Probation officials
  - e. Penal or reformatory institutions
  - f. Welfare and rehabilitation agencies
  - g. Public or private health agencies
  - h. Policewomen
5. How many public and private welfare agencies provide temporary shelter for women held on charges of prostitution, vagrancy, etc., or for health authorities for examination or treatment? How extensively are they being used? What services are available to first offenders—temporary boarding, home care, medical treatment, work opportunities, individual case studies, transportation service for transients, and planned recreation opportunities? How extensively are they being used?
  6. What is the prostitution situation in the community as regards:
    - a. Houses of prostitution
    - b. Individual prostitutes
    - c. Lodging houses
  7. Illegitimacy:
    - a. Is it rising?
    - b. Can illegitimacy be traced to servicemen?
  8. Digest of laws and regulations pertinent to the girl problem, under:
    - a. Prostitution
    - b. Public health
    - c. Licensing of public places (including alcoholic beverage licenses, hours of closing, conditions of work, etc.)
- B. What deficiencies in the laws and regulations are hampering effective action on the girl problem in these departments:*
1. Police
  2. Health
  3. License

*C. Recommendations*

### *III. Genitoinfectious Diseases*

*A. The situation to date*

1. Syphilis and gonorrhea rates for this community for ten-year period
2. Syphilis rates of draft registrants, etc.
3. Syphilis and gonorrhea statistics for army and navy establishments in the area surrounding community, since the current emergency began

4. Number of contacts named in the community and percentage these contacts bear to the total contacts named in the area. Contacts broken down as to:

- a. Reported to police:

- (1) Number of taverns named and number of times certain taverns named
- (2) Followed by police:
  - (a) Successfully
  - (b) Unsuccessfully

- b. Referred for health follow-up:

- (a) Successfully followed up
- (b) Unsuccessfully followed up

5. Explanation of method used in obtaining contacts from infected servicemen and health follow-up of contacts in the community

*B. What laws, regulations or facilities are now lacking for an adequate genitoinfectious disease control program for the community*

*C. Recommendations*

*IV. Educational Programs to Aid in the Protection of Girls, Repression of Prostitution, and Control of Genitoinfectious Diseases*

*A. What educational programs are under way in the community:*

1. In the schools
2. Among young people's groups
3. Among the adult population

*B. What elements are lacking in the educational program?*

*C. Recommendations*

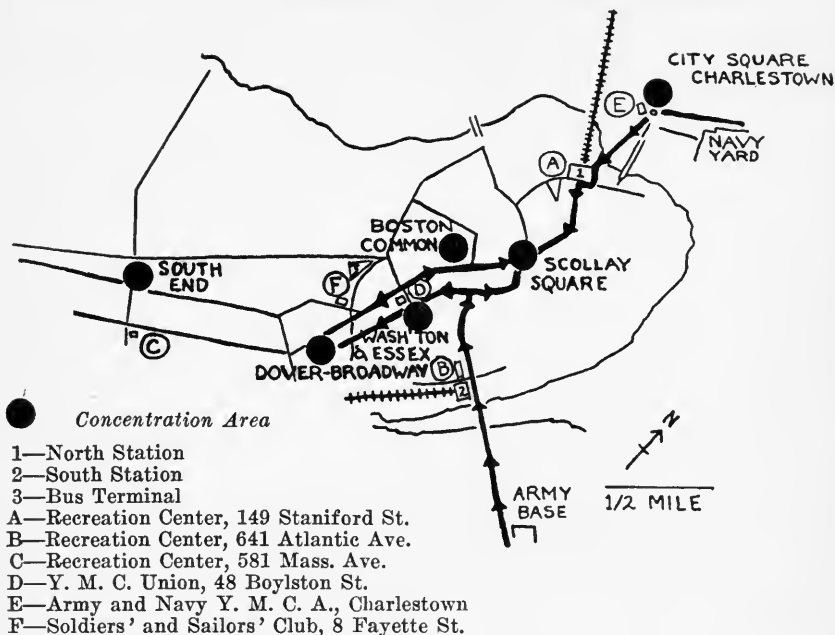
## CONCLUSIONS AND RECOMMENDATIONS

### TITLE I. THE SERVICEMAN ON LEAVE

Boston is the lodestar which attracts most servicemen on leave in Eastern Massachusetts. The concentration of these men is within a relatively narrow band three miles long from Massachusetts Avenue in the South End to City Square in Charlestown, and the greatest concentration is at either end of the half-mile axis that has Scollay Square on the north and Washington and Essex Streets on the south. The physical facilities of Greater Boston are of little use in serving this concentration in the downtown district of Boston proper.

Boston can expect 10,000 servicemen in this area at any one time and, with the increase in the personnel of our armed forces as the war progresses, may expect more.

FIGURE 1.—Concentration of servicemen on leave in Boston.



Free services to servicemen in Boston are many and varied, but still inadequate. They are also somewhat erratic. Dances, special shows and sport events occur at scheduled times and bear no relationship to the sudden influx of many men due to such unforeseeable events as the arrival in port of several Naval vessels or the sudden granting of leave to large numbers of Army men. There is a need for more of the continuous type of free service to which a serviceman can resort at any time.

The total capacity of the three major recreation centers in Boston is 900 a day. If the facilities of voluntary centers are added, bringing the total capacities to a possible 1,500 or even 2,000, only a fifth of the potential influx of men could be accommodated at any one time.

A possible total of 1,200 cots is available at a cost of 50 cents a night or less. These are obviously insufficient to accommodate a potential 10,000 men. The lodging situation for Negro servicemen is particularly acute. All soldiers on leave must find a place to sleep when they are away from camp more than one day. Sailors may return to their ships for the night, but many prefer to spend all of their leave period ashore.

A serviceman who is anxious to spend his leave time in attractive surroundings that are more luxurious than barracks or ship, finds it virtually impossible within the limitations of his available money.



If he wants a hotel room with bath, he must pay at least \$2.50 a night and even then in the least desirable hotels. Meals in attractive places must be purchased at regular prices, which might be, for a week-end leave, the following minimum sums:

Lunch.....	\$ .45
Dinner.....	.60
Breakfast.....	.25
Dinner.....	.60
<i>Total.....</i>	<i>\$1.90</i>

Liquors can be bought only at regular prices at bars and restaurants. Beer costs 10 cents a glass; spirituous liquor at least 30 cents. A man who spends \$2.00 for liquor over a two-day leave period will not purchase enough to take him very far from the path of sobriety.

Movies may cost 15 to 25 cents. Attractive places for dancing, bowling, roller-skating, etc., cost more. A serviceman who sought to find wholesome, attractive amusements off the streets during his waking hours between noon of Saturday and 6 P.M. Sunday, could hardly spend less than \$1.50.

Minimum expense of a week-end passed in a pleasant civilian atmosphere might be:

Room in hotel.....	\$2.50
Meals.....	1.90
Liquor.....	2.00
Amusements.....	1.50
Transportation in town.....	.20
<i>Total.....</i>	<i>\$8.10</i>
Transportation to and from camp (soldier)	1.60
<i>Grand total.....</i>	<i>\$9.70</i>

It is very difficult for the serviceman to meet the type of girl whom he was used to meeting in civilian life. A regular, continuing system of home entertainment for servicemen has been largely lacking. Dances take care of but few casual servicemen on leave; the larger affairs have been attended by soldiers or sailors in groups especially brought to town and returned to camps or ships.

The serviceman is therefore virtually compelled to seek his amusement in the cheaper commercial places where he meets girls of the prostitute or promiscuous type. It is easier and cheaper for the serviceman to meet one of these girls and spend the night with her than to hunt out inexpensive amusements less dangerous to his health. Many servicemen, by preference, will make the easier choice, but many others could be diverted if the facilities were available at reasonable cost.

## RECOMMENDATIONS

It is therefore recommended by this committee:

1. Greater efforts should be made to provide inexpensive lodgings in decent, supervised surroundings, in downtown or adjacent Boston, in ample numbers to accommodate the potential influx of men. It is recognized that this is a tremendously difficult problem and that the Lodging Committee of the Boston Soldiers and Sailors Recreation Committee is making strenuous efforts to solve it. The limitations of voluntary effort may have been reached and it may be necessary for the state or municipal governments to recognize the problem as one affecting civilian health and morale and so provide facilities and funds.

2. Additional recreational facilities should be offered in the areas of greatest concentration where servicemen may find relaxation and amusements at nominal cost. Soldiers' and sailors' clubs, attractively furnished, where the men may perhaps purchase beer and full meals, at cost, are suggested. The Union Jack Club for British seamen (in the old Exchange Club quarters) is cited as an example. Many servicemen on leave want to drink liquor and such clubs where they may have beer, eat, talk, sing, play the phonograph or radio, meet their friends, play games and feel that the places are their own, may keep many of them, at least much of the time, off the streets and away from the cheap bars and dance places. Other nations at war have recognized the need to provide such facilities as an important factor in soldier, sailor and civilian morale. Capital funds for such clubs might come from private citizens or state or municipal sources and the continuing expenses should not be particularly heavy.

3. Reduction in fares for men in uniform on the city's transportation systems is suggested. The round trip cost of 20 cents to free attractions outside downtown Boston may deter many servicemen from visiting them. Reduced fares for servicemen may assist in opening a larger recreational area than is now possible.

4. Expanded home entertainment opportunities under proper supervision and clearance through the central office of the Boston Soldiers and Sailors Recreation Committee are urged. The experience of soldiers on maneuvers in the South where they were widely entertained at the homes of civilian families indicates that the men enjoyed the hospitality and felt an increased sense of responsibility for proper conduct in the communities that made them welcome.

## TITLE II. THE GIRL PROBLEM

The problems arising from servicemen's meeting girls are complex and cannot be solved by any single or drastic action. To uphold the morale of our armed forces, servicemen must be allowed to meet girls from time to time. If they do meet girls there is no method of control, except constant personal chaperonage, which will prevent illicit sex relations in some instances.

Relations that spread syphilis and gonorrhea and those that result in illegitimate pregnancies are, of course, universally considered undesirable. Illicit relationships which do not have these unfortunate effects may produce psychological and personality ills, particularly when they result in promiscuous sex behavior frequently leading, in the case of girls, to prostitution.

In addition to these realistic considerations, of course, illicit relations violate the moral standards which the community upholds as desirable.

From December 1, 1940, to December 20, 1941, 792 servicemen in Massachusetts, infected with syphilis or gonorrhea, reported 857 contacts which they had within the period, prior to their infections, in which the diseases generally develop. In the Army group alone, which numbered 58,000 men by May 1, 1941, 623 infected men reported 672 contacts. This averages approximately one contact per year for every 86 men in this group. A high-ranking Naval officer has estimated unofficially that 95 per cent of Navy personnel have at least one sexual contact per man during the three-year term of enlistment. Between 12 per cent per year and 95 per cent for three years lies a large area of debatable ground.

Between December 1, 1940, and December 31, 1941, 198 servicemen with genitoinfections reported 219 contacts in Boston. While this group is small in comparison with the total number of servicemen who visited Boston within that period, it has an importance greater than its size, for it is this group whose health and morale have been impaired by visits to Boston. If these men each spent an average of two weeks hospitalized or immobilized, then contacts in Boston accounted for 2,772 man-days lost to our armed services in 13 months.

In a special six-month study it was noted that 49 per cent of the exposures of servicemen and girls in Boston, leading to genitoinfections, occurred in the final two months of this period. Whether these figures indicate an increase in sexual exposures of servicemen in Boston or that more exposures are resulting in genitoinfections, cannot be deduced. In either event they indicate a progressing rather than a static or declining problem.

It should be remembered that the problem in Boston is a community responsibility, not one for the armed forces. There is little likelihood of Boston's being declared off-limits for servicemen under the May Act. Infected servicemen, except those who escape detection, are treated by their medical officers until rendered non-infectious before they can again visit civilian communities. The armed services have no authority over the civilian population.

It is the community, therefore, which must find and treat its infected citizens and keep its women and girls from conduct leading to promiscuity, prostitution and disease.

The media for girls who want to meet servicemen include grills and bars, Boston Common, the Esplanade, streets or parks—and the

foci of genitoinfections include hotels, girls' apartments, rooming houses, automobiles, including taxis, roadside cabins, houses of prostitution. Should the emphasis in any preventive or remedial program be on these places or on the girls who frequent them? The survey committee believes each approach is important and neither should be slighted.

From the dearth of houses of prostitution in Boston, from the record of police arrests, from the relative freedom of the Boston population from syphilis, and from the description of the case-handling of girls on probation and parole and in reformatories, the conclusion is inescapable that competent work by police, court, health, reformatory and voluntary agencies is being done with successful results, so far as concerns individual girls with genitoinfections or whose sex offenses land them in the toils of the law.

The police are not too successful in finding girls named as contacts by infected servicemen nor do they use properly trained policewomen in vice work. However, they do enforce the laws against sex offenses with vigor.

There is a lack of temporary shelter for girls arrested on sex charges, particularly those girls with genitoinfections. But in most respects, court, probation and parole officials are making use of facilities available and are handling girl cases with sympathy and understanding and with the end in view of rehabilitation and restoration to health.

As for the girl who is not yet a sex offender, but whose conduct is leading her toward that end, no concerted action is being taken. Such a girl or her family may be known to case work or group work agencies. If so, her history may be on record and might be of use as a basis for a preventive program.

Whether or not a girl has a case history in a social agency, it is likely that one or another agency could be of help in guiding her to more healthful use of her leisure time. Such assistance is of particular importance if, as reformatory records show, girl sex offenders are generally maladjusted personalities who have never had normal opportunities for self-expression and have never been able to find happy childhood or adolescent relations within their neighborhood or school groups.

Who will find these girls and bring them to the attention of social agencies? Since the girls congregate in grills and bars and on Boston Common, the chain must start in those places. The only person who can approach the girl in such a place, win her confidence and induce her voluntary cooperation, or, in cases of recalcitrance, take her into custody, is a policewoman trained in social work procedures.

The general policy that should guide a community in meeting the girl problem is summarized by Miss Katharine F. Lenroot, Chief, Children's Bureau, U. S. Department of Labor, in an address at the Regional Conference on Social Hygiene, Cincinnati, February 4, 1942:

"Social Protection in its broadest sense begins with the strengthening and emotional security of the home; with effective health service and medical care, including measures for safeguarding both physical and mental health; with opportunities afforded children and young people for an education which serves immediate needs, is attuned to the whole growth cycle, is directed toward the objectives of a free society; and with opportunities for play, for wholesome companionship and leisure-time influences."

Granting that the foregoing is a generalized and long-range program, and realizing that low standards of living for families and individuals constitute the most important single obstacle in social protection, the survey committee believes that some of these objectives can be translated into immediate action in Boston by the concerted effort of agencies already established.

If policewomen trained in social work were employed to visit the places where girls and servicemen meet, they would discover many girls whose conduct does not stamp them as sex offenders in the criminal sense, yet who are definitely on the road leading to prostitution and promiscuity. These are girls whose home surroundings are unattractive or devoid of any stimulating, healthful activity, and who go, night after night, to these public places because of the atmosphere of excitement and gaiety found there.

If the facilities of voluntary and public agencies were found adequate and available and cooperation were established, policewomen could, after preliminary case investigation, turn over such girls to one or another of these agencies. Health follow-up workers could also refer girls to such agencies for general rehabilitation.

While it is true that many agencies with available facilities are in existence in Boston, there is no central office of direction or coordination now set up in the community to enlist their services in the specific problem of social protection. The Boston Committee on Social Protective Measures, under the Public Safety organization, is composed of voluntary workers whose duties are principally policy-making and no one of whom can, at present, give full-time attention to an operating program. It is believed that the extensive scope of the problem requires the full-time professional services of at least one person to work with the various agencies involved.

A survey is necessary to determine what public or voluntary agencies in Boston either have available facilities that can be utilized in a social protection program, or would be able to expand their facilities to provide necessary services. It was beyond the scope of the survey committee to make such a determination. Merely asking various agencies whether they have such facilities would not serve the purpose since many might consider themselves unable to take on greater loads at this time and so reply in the negative. It is important for some competent person or group familiar with all agencies to make such an analysis independently.

At the present time there is no place where a girl infected with syphilis or gonorrhea can be isolated until rendered non-infectious,

unless she is a court case and only then if she is sent to a penal or reformatory institution. Thus the fact that a girl is infected virtually compels law enforcement agencies to treat her as a person deserving more stringent penal treatment than a non-infected girl. This is deleterious sociologically as it classes a girl who might be rehabilitated as in a definite criminal status and throws her among hardened offenders who may influence her and thus defeat efforts at rehabilitation. A ward in a hospital, not part of a penal institution, to which girls with genitoinfections may go voluntarily or to which they may be sent under probationary or parole status during their infectious stages, might solve this problem.

At the present time no action is being taken against grills and bars known to be foci of infection. Infected servicemen name as contacts girls and women they meet there, even though actual exposure occurs elsewhere. Since the bars and grills most frequented by servicemen and girls are notorious among Army and Navy men and among girls as places where they can encounter members of the opposite sex, such places are in fact the clearing houses for the contacts that spread disease. Once their notoriety as meeting places is established, a vicious circle begins. More and more servicemen and girls resort to these places and more and more infections result.

The police and licensing officials maintain they cannot take punitive action against such places because nothing illegal occurs there. It is not clear why evidence that a place is a focus of infection for diseases dangerous to the public health should not weigh heavily with the Licensing Board's determination of whether its license should be suspended or denied.

There is the possibility that the Health Department might be able to take action on this evidence under *Chapter 111, Sections 122 et seq.*, of the *General Laws*, or the public prosecuting authorities under *Chapter 139, Sections 4 et seq.*, of the *General Laws*, both relating to abatement of nuisances, if the Attorney-General rendered an opinion that it was legal to do so.

#### RECOMMENDATIONS

Because of inadequacies in present facilities for dealing with the girl problem in many phases, the survey committee makes the following recommendations:

1. The Boston Police Department should be asked to consider the advisability of rotating the policemen detailed for extra duty at eating and drinking places.
2. The Boston Police Department should be granted funds sufficient to employ, and should employ, such number of policewomen adequately trained in social work, as will provide proper policing of the public places where servicemen and girls meet.
3. The Boston Council of Social Agencies should determine what public and voluntary agencies now have facilities, or could expand to

provide facilities, to meet the demands of a comprehensive social protection program, particularly in the provision of temporary shelters for girls, group activities, employment opportunities, vocational guidance, leisure-time activities, family welfare, and the like.

4. A full-time worker should be employed whose duties would be to work with the Boston Council of Social Agencies, the Boston Committee on Social Protective Measures and the public agencies, so as to coordinate the facilities of Boston agencies in a social protection program and with sufficient authority under the Public Safety organization to carry out whatever unified, continuous procedures are determined advisable by the Boston Committee on Social Protective Measures, at least for the duration of the war.\*

5. The Boston Health Department and the State Division of Genitoinfectious Diseases should be requested to explore the possibility of establishing an isolation ward in a non-penal institution to which girls with genitoinfections or suspected of having same, may go voluntarily or may be sent on court order, during the infectious stages of their diseases.

6. The Attorney-General of Massachusetts should be asked by the Massachusetts Department of Public Health to render an opinion as to whether the provisions of *Chapter 111, Sections 122 et seq.*, and/or *Chapter 139, Sections 4 et seq.*, of the *General Laws* of Massachusetts, both relating to nuisances, apply to public places notorious as places where men and women can encounter members of the opposite sex, and where meetings of men and women are frequent and continually result in infections of syphilis and gonorrhea even though no actual exposures occur on the premises.

### TITLE III. GENITOINFECTIONOUS DISEASES

Any complacency engendered by Boston's relative freedom from syphilis, compared with other cities, should be counteracted by the knowledge that there is still an appreciable reservoir of infection in the city as evidenced by the fact that 1,600 syphilis cases among the general population came to the attention of clinics, institutions and physicians in 1941. Gonorrhea cases and rates for Boston show a decline for the 12-year period, but bear a steady ratio of 10 times the number of early syphilis cases.

This ratio for the entire population of Boston is interesting to compare with the consistent relationship between gonorrhea and early syphilis cases among Army men in Massachusetts. Gonorrhea cases were found to be 14.5 times as frequent on the average, as are early syphilis cases in these particular groups of males, most of them in their early twenties.

\* Carrying out this recommendation, on June 15, 1942, the Budget Committee of the Greater Boston Community Fund earmarked \$8,000 per annum for the purpose of employing a full-time worker and sufficient other staff to coordinate the activities of all agencies concerned with the Social Protection problems in Boston. On July 2, 1942, it was announced that a social worker had been appointed to the position of executive secretary for the Committee.

Servicemen report their infections to the medical authorities for diagnosis and treatment or are discovered to be infected during periodic physical inspections by their medical officers. There may have been additional servicemen infected who failed to report their infections and whose infections were not discovered during physical inspections, among these groups. Nevertheless, the chance of an infected serviceman's escaping detection is lower than that of a person in the civilian population and there is a greater measure of control over the diagnosis, treatment and reporting of syphilis and gonorrhea among servicemen than among civilians.

Hence the proportion of gonorrhea cases to syphilis cases found among servicemen (14.5 times in the Army group mentioned) can be accepted as reasonably indicative of the relative incidence of the two diseases in the group measured.

In the general civilian population, however, the situation is different. Few cases of gonorrhea come to light through general physical examinations. Diagnosis of gonorrhea in women is admittedly more difficult than in men. Women are far less likely than men to discover symptoms that would suggest to them the presence of infection. Lay persons are apt to attach less importance to gonorrhea than to syphilis and so fail to seek diagnosis or treatment. Self-medication with sulfonamides will eliminate clinical and laboratory manifestations of gonorrhea, whereas self-medication for syphilis is highly unlikely to be attempted. Sulfonamide drugs are sold in drugstores to anyone who seeks them; chemicals for treating syphilis are not commonly known or sold over the counter. Private physicians are frequently unaware that state regulations require them to report gonorrhea cases as well as syphilis.

For all these reasons the number of gonorrhea cases reported to the State Division is believed to bear a much lower proportion to total cases than do reported syphilis cases bear to total syphilis cases.

It is probable, therefore, that the gonorrhea cases reported for Boston by no means express the total gonorrheal infections actually in existence during the years covered. Since clinics and institutions are in the habit of reporting all their gonorrhea cases, it is in cases treated by private physicians that the greatest likelihood of incomplete reporting is present.

The remarkably few cases of syphilis traceable to Boston among servicemen and the declining early syphilis rate in Boston for recent years, lead to the conclusion that the concentration of servicemen in Massachusetts apparently has not increased the incidence of syphilis among the civilian population of Boston during 1941.

As previously stated, the figures on gonorrhea do not permit any conclusions as to the effect the presence of servicemen had on the gonorrhea rates for the Boston civilian population. During the 13-month period ending December 31, 1941, 180 servicemen who contracted gonorrhea reported that their infections came from Boston



contacts. This was 10 times the number of syphilis patients (18) reporting Boston contacts, which is the same ratio as between gonorrhea and early syphilis in the Boston general population for recent years. Boston is clearly a focus of infection for syphilis and gonorrhea among servicemen, and the number of infections traceable to Boston is increasing.

From a tabulation it can be seen that Boston places named by infected men as either the situs of meeting the women or girls who infected them, or the scene of actual exposure, were 26 per cent of total places named and 60 per cent of total places in Massachusetts. Boston is therefore the chief focus of infection in Massachusetts for servicemen stationed in the state or visiting it on ships. This dictates that the Massachusetts genitoinfectious disease control program must have its major emphasis in Boston, particularly in relation to Army men from Fort Devens and the Boston Harbor forts and to men in the sea services.

The Massachusetts system in which nurse epidemiologists interview infected servicemen is unique in the United States, so far as is known. It sets in motion an immediate epidemiological train and so brings persons named as contacts to diagnosis and treatment in a far shorter time than would be possible if reports from service establishments, which take longer to route, were used as a basis for follow-up.

The nurse who, herself, must follow many contacts, is in a position to obtain exactly the information she needs and can evaluate better the accuracy of it by the personality of the man interviewed. The system also provides controlled data for statistical analysis as the State Division's own workers gather it as well as compile it.

Tabulation of interviews with infected servicemen indicate nurse follow-up of contacts is far more successful than police follow-up. This is not entirely due to the greater efficiency of the nurses. The cases they follow are likely to be better identified than those furnished the police. The type of sexually promiscuous woman or girl referred to the police is apt to be elusive and resistant to follow-up. Nevertheless, the relatively poor results of police follow-up raise the question of whether all follow-up might be done by the nurse epidemiologist. Such a system might be more beneficial sociologically, and the possibility is that the percentage of failure would not be any higher and might be lower, than at present under police follow-up.

The nurse epidemiologists also are highly successful in obtaining useful information from men interviewed. While in 38 per cent of the total contact cases the information elicited was insufficient to permit reference of the contacts, in many, perhaps most, instances this was not the fault of the nurses. Infected men are sometimes drunk at the time of exposure, or do not learn the last name of the girl, or later forget it, or have no idea of the actual address of the place they met or where exposure occurred.

## RECOMMENDATIONS

The following recommendations under *Title III* are made:

1. Private physicians in Boston should be acquainted with the urgent necessity, particularly as a wartime duty, of accurate, immediate and complete reporting to the State Division of Genitoinfectious Diseases of all cases of gonorrhea and syphilis among their patients.

2. The sale of sulfonamide drugs in drugstores should be prohibited by law except through a physician's prescription. Druggists in Boston should be urged to agree not to diagnose genitoinfectious diseases and to refer customers who suspect they have genitoinfections to physicians, clinics or hospitals.

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A clean community environment can be obtained by carrying out a practical program to include fundamental measures like the following:

1. Educate our children and young people for sane and wholesome sex living.
2. Tell the public the facts about commercialized prostitution.
3. Strengthen laws relating to prostitution, and provide sufficient well-trained law-enforcement personnel and the proper facilities for handling this complex social problem.
4. Organize local voluntary committees to back up official law enforcement.
5. Provide adequate and wholesome opportunity for "good times in good company" for all young people.

When responsible citizens make sincere and alert effort to defend their community against commercialized vice in this way, success must prevail and the "business" of prostitution itself admit failure.

BASCOM JOHNSON  
in *We Need Not Tolerate Prostitution*  
JOURNAL OF SOCIAL HYGIENE, December, 1941

# POLICE AND HEALTH DEPARTMENT FUNCTIONS IN REPRESSING PROSTITUTION AND CONTROLLING VENEREAL DISEASES

WILLIAM F. SNOW, M.D.

*Chairman, Executive Committee of the American Social Hygiene Association*

The need for all concerned to have a clear conception of the relations of police and health officers to the problems of prostitution and venereal diseases leads to the republication of the following statement. The points originally set down regarding the division of responsibility between the two official departments represent views expressed during a discussion of the problem at a regional conference on social hygiene held in Louisville, Kentucky, in 1927. Since that meeting, this statement has been widely circulated and discussed, and these relationships are generally accepted in principle by health and police authorities. As indicated, the consensus has been that while the functions of the legal and of the health divisions of government administration in relation to the problems of prostitution and of the venereal diseases must be carefully specified, mutual understanding and close cooperation should exist among all the respective law and health agencies concerned—both official and voluntary—if their efforts are to be effective.

## *Functions of the Police Department, Courts, Probation Service, and Custodial Institutions—*

1. The Police Department should receive information regarding complaints of commercialized prostitution on designated premises, or of solicitation on the streets, and related activities.
2. In accordance with law the Police Department should investigate to determine whether arrest is necessary, or whether cooperation with other official and voluntary agencies may be effective under the conditions found.

## *Functions of the Health Department, Medical Officers, Social Service Bureaus, Quarantine and Other Health and Medical Agencies—*

1. The Health Department should receive information regarding persons known or believed by physicians or other responsible authorities, to be infected with syphilis or gonorrhea.
2. In accordance with health laws and regulations, the Health Department should make inquiry to confirm the report and determine whether the infected persons are dangerous to other individuals or the community.

*Functions of the Police Department, Courts, Probation Service, and Custodial Institutions—*

3. Offenders arrested should be taken before the court, charged with violating specific laws and ordinances against prostitution and be given a fair and prompt trial.

4. After conviction they should be:  
 (a) Placed on probation  
 (b) Sent to a correctional institution  
 (c) Or otherwise dealt with in the best interests of themselves and the community.

5. After completion of sentence they should be released from custodial control of the police, courts, and other law enforcement agencies concerned.

6. Throughout these procedures, from the hour of arrest, the individual should be provided by the law enforcing agencies with proper supervision, health and medical care, and protection against undesirable contacts with other persons awaiting trial or already convicted. Prior to release at any time subsequent to arrest, all persons charged with practicing prostitution or known to be infected with syphilis or gonorrhea should be reported to the health officer for such quarantine or health supervision by the Health Department as may be deemed necessary in the best interests of the individual and the public after release.

*Functions of the Health Department, Medical Officers, Social Service Bureaus, Quarantine and Other Health and Medical Agencies—*

3. The degree and character of supervision required to protect the public health, will be based on the facts in each case.

4. According to this decision the persons found to be infected will be:  
 (a) Aided to secure treatment and supervision when necessary of the medical social service.  
 (b) Sent to a quarantine hospital  
 (c) Or otherwise dealt with in the best interests of themselves and the community.

5. After recovery, or progress to a condition in which they are no longer a danger to the community, they should be released from custodial control by the health officer. Treatment, however, should be secured for each patient for his own benefit and the welfare of the community until he is discharged by the physician.

6. Immediately after inquiry into a report of a probable case of syphilis or gonorrhea, the Health Department should inform the proper police or court officials of all pertinent information relating to violation of laws against prostitution and conditions and activities favoring the practice of prostitution. Throughout the Health Department's activities, every effort should be made to cooperate closely with the law enforcement authorities in their protection of the community and individual men and women from exploitation by promoters of prostitution and all those who secure profits therefrom.

If these steps in *Police, Court, Probation and Custodial Service* are carried out with adequate facilities available, the health of the community will not be endangered during the entire period of the arrest, trial and sentence; and the health department will not have any problem in relation to the persons arrested. Adequate facilities, however, imply custodial care in a house of detention until trial; guidance and community protection during probation after conviction; and constructive follow-up after assignment to a correctional institution. Each of these requires arrangements for medical advice and treatment. The provision of adequate medical service is a problem common to all public institutions including the insane and

dependents as well as delinquents and criminals. It is not a problem which health departments are expected ordinarily to deal with. Where the public supports such medical service, syphilis and gonorrhea cases should be discovered and treated, just as all other conditions are detected and cared for.

The steps indicated in the column for *Health Department, Medical Officers, Social Service Bureaus*, and related institutions do not present any problem for police or court action unless a person refuses to obey isolation or quarantine requirements or fails to carry out other instructions of the health officer. In such cases the health officer prefers charges and the police and courts proceed as in all other violations of law.

Theoretically there is no basis for conflict or overlapping of authority between the legal and health divisions of government in dealing with prostitution and the venereal diseases. In practical application of the principles outlined in this diagram, many difficulties and confusing situations arise. For example, instead of all these steps being carried out the arrested person may be granted bail until the case comes to trial; the judge may suspend sentence; or a fine may be imposed. Under these circumstances unrestricted freedom may result in exposing other persons in the community to infection with venereal diseases before the date set for trial, or in providing increased opportunities and incentives for soliciting and practicing prostitution.

Even under these conditions, however, if the court officials always notified the health authorities in advance of the action to be taken, the latter could consider this information in connection with other facts obtainable, and proceed with such measures as the case might require without reference to the legal history unless conviction should be followed by release on probation, in which case the protection of the public should be provided for, or by incarceration in a correctional institution, under which circumstances the convicted person ceases to be a public danger, and therefore of no further concern to the health officer, at least until the end of the sentence.

As in all other dangerous communicable diseases the health officer should be concerned officially only with protection of the public from the spread of disease and the proper treatment of those infected. Such information as he may receive from court records is only incidental and supplementary to other information he must have to decide the degree and character of supervision required to protect the public health. On the other hand, the judge or a jury does not need a report on a medical examination for syphilis or gonorrhea before conviction and sentence.

The serious and widespread confusion of the problems of repression of prostitution and venereal disease control is not based on facts but rather on fallacies. It is believed by the proponents of compulsory registration and examination of prostitutes that because commercialized prostitution is a chief source of disseminating syphilis and gonorrhea, women suspected of being prostitutes should be taken into

custody by the police and detained until the health officer pronounces them infected or free from infection. Their male partners are seldom arrested or examined. If the woman is not reported as showing evidence of infection she may be released, or tried, fined, and released; but if she is reported infected she is usually sent to a quarantine hospital under specified sentence. This procedure ignores the fact that the limited examination which it is practical to give under such conditions neither discovers all those who are infected nor gives adequate data regarding their infectiousness for others. Furthermore it tends to give both the public, and the men and women engaged in prostitution, a false sense of security from disease. It also tends to encourage judges to continue the system of fining prostitutes who periodically appear before them and who are not found infected.

The evidence clearly shows that while close cooperation is essential, a sharp line needs to be drawn between the purposes and procedures of police and courts on one side and health departments on the other. Efficiency and economy are both served by such a course. Every person accused of violating the laws against prostitution has a right to fair and prompt trial and decision uninfluenced by any medical reports of infection or non-infection. Furthermore the rights and personal liberty of individual citizens concerned are best protected by this course. This statement has been drawn up to indicate the steps which should be taken by each of the two groups after information reaches them. If both are continuously active as they should be in the interests of prevention and of protection of the health, welfare and efficiency of both girls and boys, the program becomes much clearer and the danger of confusion disappears. While the health authorities should not be required to enforce laws against prostitution, as officials and citizens they can be of the greatest cooperative assistance to the police and court authorities. Similarly the law-enforcing agencies should not be required to control the venereal diseases, but their officers and staff can be of very great assistance by close and sympathetic cooperation with the Health Department.

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The police officer . . . wants facts. When he has the facts and a really effective grasp of the law and the police methods for dealing with the problem, you will find no more cooperative group of officials in any profession.

. . . American police are on their way to a full working partnership with the medical, public health, and welfare professions now working for venereal disease control.

PAUL V. McNUTT

*Federal Security Administrator*

*in The Federal Fight against Venereal Disease,*  
a Social Hygiene Day address, February 3, 1942.

## NO CERTIFICATION OF PROSTITUTES

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

At its meeting on June 9th, 1942 at Atlantic City, the House of Delegates of the American Medical Association passed a resolution which will greatly aid in the fight against venereal diseases by placing the medical profession on record against the medical inspection and certification of prostitutes. The resolution was introduced by Doctor George Kosmak, a leading physician of New York City, well-known to the profession as the editor of the American Journal of Obstetrics and Gynecology. The Reference Committee to which the resolution was referred reported it favorably to the House of Delegates with the following statement:

"Your reference committee is completely in accord with the provisions of this resolution and recommends its adoption. It is inconceivable that any reputable physician should so degrade his profession and himself as to issue certificates to prostitutes, to the effect that they are free from venereal disease. This is a baneful practice which encourages the maintenance of vice and may do incalculable damage by giving false assurance of safety and lead to an appreciable increase in venereal disease. Moreover, it tends to nullify the efforts of the duly constituted authorities, Federal, State and local, to deal with the problems of prostitution by law enforcement and other accepted methods.

"Your reference committee wishes only that it were gifted with the power of expression to emphasize more strongly its approval of the spirit and intent of the provisions of this resolution."

The resolution as passed is as follows:

WHEREAS, Published reports indicate an increasing prevalence of venereal disease in the armed forces and defense workers of this nation; and

WHEREAS, Commercialized prostitution constitutes an outstanding factor in the dissemination of these diseases and requires an intensified campaign against their elimination; therefore be it

RESOLVED, That the House of Delegates of the American Medical Association takes the following stand: (1) that the control of venereal disease requires elimination of commercialized prostitution, (2) that medical inspection of prostitutes is untrustworthy and inefficient, gives a false sense of security and fails to prevent the spread of infection, and (3) that prostitution is unlawful, and physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity and are violating the principles of accepted professional ethics.

Other authoritative medical opinions on this subject have been expressed recently. The Public Health Council of the State of New York on November 28, 1941, expressed its views in part as follows: "In the opinion of the Public Health Council, so-called 'regulated'

prostitution including a medical examination of prostitutes is as dangerous now as it has been in the past and will wherever practiced lead to increased exposures and increased venereal infection." On December 1, 1941, the New York Academy of Medicine Committee on Public Health Relations stated that it "wishes to record its opinion that commercialized prostitution still constitutes a most serious health hazard and that so-called regulation of prostitution is thoroughly untrustworthy as a method of venereal disease control." A statement issued by the Council of the Medical Society of the State of New York was dated December 11, 1941, and was similar to the resolution later passed by the American Medical Association.

It will be noted that the American Medical Association declares that "physicians who knowingly examine prostitutes to give them medical certificates to be used in soliciting were participating in an illegal activity and violating the principles of accepted professional ethics." In some states such practices are not only unethical but illegal. Thus, the laws of the State of New Jersey (Section 89-273i, Compiled Statutes 1910 with 1924 Cumulative Supplement: provide that no certificate of freedom from venereal disease shall be issued by any health officer or physician to any prostitute under any circumstances whatever. Similarly, laws of the State of Oregon (Chapter 320, Section 7, Oregon Code of 1930 with Laws of 1935) state that no certificate of freedom from venereal disease shall be issued by any health officer or physician or laboratory operator or other persons to any prostitute.

Unfortunately, the type of physician who makes a practice of examining and certifying prostitutes is unlikely to be restrained, by ethical considerations, from aiding the prostitution racket by issuing certificates of one sort or another to help prostitutes lure customers. For the restraint of these unethical doctors laws similar to those of New Jersey and Oregon, mentioned above, are designed to be a deterrent to flagrant practices such as the issuance of certificates over a doctor's signature stating that an individual has been examined by the signator on such and such a date and was found free from "venereal disease" or from "any infectious diseases." Such certificates formerly were common and they were sometimes issued by quack doctors without even the formality of any examination whatever.

Nowadays this same type of doctor, sometimes guided by an equally unscrupulous lawyer, attempts to avoid legal obstacles by giving prostitutes a card or slip of paper stating that their blood was tested for syphilis on such and such a date and found "negative." Prostitutes assure prospective patrons that this means certain freedom from venereal disease—and the popular over-emphasis on the alleged infallibility of the blood test for syphilis often leads to acceptance of a negative serological report as a guarantee of freedom from syphilis and maybe gonorrhea as well.

Prostitutes are quick to take advantage of anything which they may use to indicate that they are healthy. They often call themselves



waitresses and so obtain food handlers' health cards. They use venereal disease clinic registration cards to support a claim that they are examined regularly by health department doctors. A prostitute-inmate of a brothel, in a city near which a great camp is situated, showed an investigator how she convinces skeptics who fear infection. She offered what she claimed was a "health card" as proof of freedom from venereal disease. The card she had in her possession apparently was a treatment record which had been issued by the local health department. It bore the rubber stamped signature of the city health officer, and in chronological order listed the bismuth treatments she had received to date. These she palmed off on customers as "shots" of a serum used to immunize one against syphilis. Rather cleverly she stated:

"Just like boys in the Army are innoculated against smallpox . . . this stuff is given to us to prevent syphilis. . . ."

Even in recent years local authorities in various cities have compelled prostitutes to be photographed and fingerprinted and examined periodically for venereal diseases. In some communities the authorities insisted that the prostitute visit certain physicians; in others the girls have been permitted to choose their own doctors. In either case the police required prostitutes to have "health certificates." Thus in a large measure the authorities created a condition which led some ethical as well as many unethical practitioners to issue venereal disease certificates. With the better enforcement of state laws and local ordinances, especially since the declaration of war, these practices have greatly diminished.

Numerous devices are employed by prostitutes to deceive gullible men and boys with regard to the state of the prostitutes' health. This was shown by the American Social Hygiene Association in its investigation of prostitution conditions in 461 communities in 48 states during 1941. These studies show that some ethical private physicians, clinic directors and health officers are, unknown to themselves, being used to aid the prostitution racket. A few physicians are knowingly and for profit helping the racket by examining and certifying prostitutes.

The records of clinic directors and health officers are sometimes filed in such a manner that these women find it possible to gain possession of negative serological reports, clinic registration cards and food handlers' cards which they then use in promotion of their illegal business. While the issuance of such a report or card to an individual may not be in itself unethical or illegal, it is usually unwise and unnecessary in good medical and public health practices. It is but rarely desirable to give a patient a serological report, either positive or negative. The venereal disease clinic registration card should, for several good reasons, be a plain card bearing only the patient's clinic number, name and address. Food handlers' cards wherever used should be issued only to bona fide employees of food handling establishments and should bear only the name, address and date of exami-

nation of the food handler with no indication of freedom from infectious diseases.

It is desirable in every state that physicians, pharmacists, health officers, legal authorities and other groups should cooperate closely to discourage, and so far as possible, to prevent all of these practices, which are harmful alike to the persons exploited and the general public.

## COMMERCIALIZED PROSTITUTION AND DISEASE TRANSMISSION IN NEW YORK CITY

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

The law and public health principles should guide authorities in dealing with the knotty problems of prostitution. In the state of New York the law provides that every person arrested for a sex offense shall be reported, within twenty-four hours, by the court or magistrate before whom such person is arraigned, to the health officer, and shall be examined to ascertain whether such person has syphilis or gonorrhea in a communicable form. For the purpose of such examination the person may be detained until the result of such examination is known, and no such person, if convicted, shall be released until examination has been completed in accordance with this law (*Section 343 N of Article 17 B, of the Public Health Law*). In New York City all persons arrested and arraigned on charges of prostitution are examined and held until the results of the examinations are known. If the person has syphilis or gonorrhea in a communicable form hospital care until non-infectious is recommended but the magistrate does not see the health department's medical report until the question of guilt or innocence has been settled.

If the person is guilty of a sex offense the court takes the medical facts into consideration, and in disposing of the case always makes sure that treatment is given. The guilty person may be sent to the Workhouse, which provides medical care or, if a first offender, may be allowed to go to a hospital to remain under treatment until non-infectious, or she may be placed on probation.

If the person found infectious is placed on probation, or if she is found

infectious, and "not guilty," the Department of Health removes her to a hospital for care until non-infectious, unless her home and certain other conditions permit her to be placed under private care. That is to say, if the person is infectious and if the disposition of the case by the court permits her to be at large, the Department of Health undertakes to maintain her under medical control—this means hospitalization—until non-infectious.

*Section 88 of the Sanitary Code* requires that every person examined by the Department of Health in accord with the Public Health Law and found to have syphilis and gonorrhea in a communicable form, shall be removed to a designated hospital, unless the person is under the care of a physician approved by the Director of the Bureau of Social Hygiene and has home conditions that permit suitable isolation. Therefore, if a person can show that he or she is under the care of an approved physician and has suitable home conditions, he or she may be released by the Director of the Bureau of Social Hygiene from isolation in the hospital. Cases released, however, usually disappear long before the completion of treatment, and there is reason to believe that they often engage in the practice of prostitution even while under medical care. Experience has been that the interest of the public health is best served by keeping such individuals in a hospital until non-infectious. For this reason the Health Department insists upon the fullest compliance with the requirements of the *Sanitary Code* before releasing any case from the isolation hospital. The

cases released are now carefully followed up by a specially trained public health nurse and the physicians treating them must report to the Health Department each week. If a person so released fails to comply with the requirements there is no hesitation in returning them to the hospital.

Persons examined in accordance with the above procedures and found to have syphilis or gonorrhea, but not in an infectious stage, are referred to appropriate sources of treatment. If they are convicted and incarcerated, this treatment, of course, is given in the correctional institution; if probated or not guilty, they are referred to clinics or private practitioners for medical care.

It will be noted that the State law requires "That every person arrested for a sex offense shall be reported within twenty-four hours, by the court or magistrate before whom such person is arraigned, to the health officer." Whenever magistrates report male sex offenders to the Department of Health they are examined in exactly the same way as female offenders and are disposed of in accordance with the same rules and principles. The number of male sex offenders is small, compared with the number of female sex offenders. Some difficulty has been encountered because of lack of facilities for holding male sex offenders pending examination. It is expected that these difficulties will shortly be removed.

Patients in the clinics frequently name prostitutes as sources of infection. The Health Department can deal with such cases in one of two ways. *First*—they can be followed up by the usual epidemiological procedures and the prostitute invited to come to the clinic for an examination. *Second*—the information given by the patient concerning a prostitute can be regarded as a citizen's complaint regarding illegal practices, namely, prostitution, and can be brought to the attention of the appropriate branch of the city government, namely, the Police Department.

Experience indicates that visits by nurses or social workers to prostitutes named as sources of infection, for the purpose of persuading them to visit a clinic for diagnosis, almost invariably result in the prostitutes being lost to the Health Department. They disappear without leaving a trace. Usually, therefore, when the evidence is sufficiently impressive, information obtained from patients regarding the practice of prostitution is referred to the Police Department. The Police Department investigates, and, if the findings warrant, brings the persons complained of to the Magistrates' Court where they are arraigned. As soon as they are arraigned, the Department of Health examines them, in accordance with the above mentioned plan. This procedure has given quite satisfactory results in the number of persons examined, found infected and consequently placed under public health control.

## TAKE YOUR BATTLE STATIONS

sounds the call to

**Social Hygiene Day on February 3, 1943**

For help in planning your meetings, radio broadcasts, newspaper publicity, film showings and exhibits, write for these leaflets:

*Social Hygiene Takes Battle Stations*  
*Your Guide to Social Hygiene Day Materials*

## EDITORIAL

### WAR AND THE COMING WINTER ON THE SOCIAL HYGIENE FRONT

Three years ago when the President proclaimed a limited National Emergency, the people of the United States were concerned with adjusting themselves and their business and community affairs to the calling out of the National Guard for training with the regular Army in war maneuvers. Neither the states from which these men were drawn nor the states to which they were sent were prepared for the new and intensified problems of social hygiene to which modern warfare and wide distribution of military and naval forces inevitably give rise in every community concerned. Neither was the Federal Government equipped to deal with these problems or to give leadership and specific aid to the states. Nevertheless, by the end of the first year, October 1940, encouraging progress had been made. Here and there states like Minnesota and Wisconsin, military training centers affecting limited areas, like Fort Benning in relation to Georgia and Alabama, individual posts or naval stations like Pensacola had made notable demonstrations of what could be accomplished by adaptation and vigorous application of measures developed and tested during the first World War and the intervening years. Other states and cities, through lack of interest and inaction, had permitted demonstrations of how rapidly the underworld and selfish citizen interests could organize and expand commercialized prostitution and related evils to the detriment of the health, welfare, and efficiency of both military and civilian populations. At the Federal level an *eight-point agreement* had been reached by the Army, Navy and Public Health Service.\*

\* *An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated.* Adopted also by the Conference of State and Territorial Health Officers, May, 1940, and endorsed by the American Social Hygiene Association as the national voluntary agency chiefly concerned.

The second year witnessed the launching of the Selective Service System; a continuous struggle for official recognition and public support of the essential public health and medical program for combating the venereal diseases, and the program adopted for the new Social Protection Section of the Office of Defense Health and Welfare Services. The third year saw the further development of the campaign against prostitution on a nation-wide scale, and expansion of constructive programs for recreation and the safeguarding of leisure time activities for men and women. The steadily increasing influence of these activities is shown in the graphic summary of the American Social Hygiene Association's extensive field studies (*Figures 1, 2 and 3 in frontispiece*).

Now, at the beginning of the fourth year, we are ready for emphasis on the social protection program to prevent young girls and women from being drawn into commercialized prostitution, and to provide facilities for the rehabilitation of those already victimized. The Federal Social Protection Section has undertaken leadership on this front. Its activities have been correlated with state and local programs; and it is receiving support from the other administrative units of the government concerned.

The articles in this number of the JOURNAL deal largely with this new development. With such work thoroughly established and flanked by strong health and medical activities on one side, and equally strong police and court activities on the other, we will have the united social hygiene front which is necessary for rapid progress this winter.

Along with these immediate objectives of official and voluntary agencies, the long range educational and public informational program of the American Social Hygiene Association and its affiliates must be kept in view and promoted with increasing assurance that we will emerge from the war period with official as well as voluntary activities on a permanent basis in this field of health, welfare and education.

WILLIAM F. SNOW, M.D.,  
*Chairman, Executive Committee,*  
*American Social Hygiene Association*

## NATIONAL EVENTS

**National Advisory Police Committee on Social Protection Formed.**—As indicated in the article *The New Offensive Along the Police Front* by Director Eliot Ness, Social Protection Section, Office of Defense Health and Welfare Services, an important new group has joined the ranks of the national agencies attacking the racket of commercialized prostitution. The National Advisory Police Committee on Social Protection, made up of 21 outstanding police officials from 15 states, with representatives of the Army, Navy, Public Health Service, Federal Bureau of Investigation, Office of Defense Health and Welfare Services, and the American Social Hygiene Association, was established in June by Administrator Paul V. McNutt to assist in the carrying out of the government's social protection program and to develop new and effective techniques of law enforcement in the repression of prostitution in the states and communities. The committee held its first meeting in Washington on June 30th, with Charles P. Taft, Assistant Director, Office of Defense Health and Welfare Services, acting as chairman, and speakers including Governor McNutt, Mr. Ness; Brigadier General Larry B. McAfee and Lieutenant Colonel Thomas B. Turner of the Surgeon General's Office, U. S. Army; Captain Charles S. Stephenson and Commander John L. Reynolds of the U. S. Navy; Edward A. Tamm, Assistant to the Director, FBI; Surgeon General Thomas Parran and Assistant Surgeon General R. A. Vonderlehr of the United States Public Health Service; Donald S. Leonard, Captain, Michigan State Police and President of the International Association of Chiefs of Police; and Superintendent Edward J. Kelly of the Rhode Island State Police and Executive Secretary of the IACP.

Members of the Special Committees mentioned on p. 367 were appointed as follows:

*Committee on Enforcement for Repression of Prostitution: Chairman, Edward J. Kelly; Captain Rhoda Milliken, Metropolitan Police Department, Washington, D. C.; Frank V. Cullitan, prosecuting attorney, Cuyahoga County, Cleveland; Chief John F. Woods, Norfolk, Va.; Chief Trion A. Riley, Birmingham, Ala. (represented at this meeting by Assistant Chief E. L. Hollums); Superintendent George Reyer, New Orleans (represented by Captain James Cripps); Sheriff Fred Sperber, Hamilton County, Cincinnati; Director Homer V. Garrison, Jr., Texas State Department of Public Safety; and Chief John L. Sullivan, Pittsfield, Mass.*

*Committee on Enforcement for Prevention of Prostitution: Chairman, Joseph T. Owens, chief of police, Rome, N. Y.; Chief Eleanore Hutzel, Women's Division, Detroit police department; Chief Peter F. Brady, Harrison, N. J.; Chief Charles W. Dullea, San Francisco; Chief A. E. Kimberling, Louisville, Ky.; L. P. Anderson, director of safety, San Antonio; Superintendent Don J. Stiver, Indiana State Police; Commissioner Lewis J. Valentine, New York City (represented by Chief Inspector John J. O'Connell); and Dr. William F. Snow, American Social Hygiene Association.*

*Committee on Police Cooperation:* Chairman, Donald S. Leonard, captain, Michigan State Police and president of IACP; Chief Fred A. Roff, Morristown, N. J.; Chief Roy Larson, Orlando, Fla.; Bruce Smith, Institute of Public Administration, New York City; Lieut. F. M. Kreml, director of IACP Safety Division; and Alice C. Pitcher, office manager, IACP Headquarters.

Dr. William F. Snow, Chairman ASHA Executive Committee, and Dr. Walter Clarke, ASHA Executive Director, are members of the National Advisory Committee. It is planned to expand membership to include a representative of police from each state.

On July 24th, the Committee on Police Cooperation, reporting to the National Committee, called on police and law enforcement officials throughout the country to stamp out prostitution. President Leonard declared that the war emergency makes it imperative that law enforcement bodies recognize their responsibility and exercise leadership in initiating a realistic enforcement program for controlling prostitution. The policy of regulation and toleration of prostitution still practiced in some communities is inimical to the health and welfare of the nation, he reported. In addition the Committee stated that more attention should be given by law-enforcement officials to the prevention of prostitution and to the social and economic rehabilitation of the girls arrested.

**International Association of Chiefs of Police Holds Annual Meeting in New York.**—The executive heads of municipal, state and Federal law enforcement agencies throughout the United States and Canada met at a three-day War Conference of the International Association of Chiefs of Police in New York City, Hotel Pennsylvania, September 21-23, 1942, this being the 49th Annual Conference of the Association. In attendance were 750 or more chiefs of state and local police jurisdictions. All sessions of the Conference were devoted exclusively to discussions of police wartime measures.

On Wednesday, September 23d, the morning session, was given over to consideration of various social protection problems directly related to law enforcement, including the repression and prevention of prostitution and the *Eight-Point Program for Venereal Disease Control* adopted jointly by the Army, Navy, U. S. Public Health Service, the Federal Security Agency, and the American Social Hygiene Association representing voluntary agencies; and endorsed by the International Association of Police Chiefs, the National Association of Sheriffs and other law enforcement agencies. Representatives of the War Department, Navy Department, FBI, USPHS, state police, municipal police, and the American Social Hygiene Association each gave a ten-minute presentation of the venereal disease and prostitution repression problems. Other participants in the discussion in addition to police chiefs were the President of the Interstate Crime Commission,

The ASHA also had an exhibit of materials for this meeting.

**National Conference on Venereal Disease Control Needs in Wartime to Be Held at Hot Springs.**—Venereal disease and America's war effort will be discussed by high-ranking medical officers of the War and the Navy Departments, prominent physicians, health officers and others at a Conference in Hot Springs National Park, Arkansas, October 21-24, 1942. Headquarters will be at the Arlington Hotel.

The Conference will be held under the auspices of the United States Public Health Service in conjunction with the Eighth Annual Meeting of the American Neisserian Medical Society. Surgeon General Thomas Parran will preside. State and local health officers, venereal disease control officers, practicing physicians, and all others engaged in venereal disease control activities are urged to attend.

Subjects for discussion will include venereal disease control measures influencing the war effort, epidemiology of syphilis and gonorrhea—1942, wartime venereal disease control education, research influencing the wartime venereal disease control program, and techniques of venereal disease education.

Governmental, professional and health organizations to be represented at the Conference include: The War Department, the Navy Department, the Social Protection Section of the Office of Defense Health and Welfare Services, the American Medical Association, the American Neisserian Medical Society, the American Social Hygiene Association, State and local health departments, and the United States Public Health Service. The following tentative program has been announced:

On **October 21, 2 P.M.** a special session will be held on

#### **Technics of Venereal Disease Education**

*Introductory comments*—Assistant Surgeon General R. A. Vonderhaar, Division of Venereal Diseases, U. S. Public Health Service

*Presentation of a Typical Venereal Disease Education Problem for Discussion by Panel and Conference*

*Participants*—the entire conference membership

*Discussion Leaders*—from the viewpoint of:

*State Health Officer:* Dr. Felix J. Underwood, Executive Officer, State Board of Health, Jackson, Mississippi

*State Venereal Disease Control Officer:* Dr. Malcolm H. Merrill, Chief, Bureau of Venereal Diseases, Department of Health, San Francisco, Calif.

*Local Health Officer:* Dr. Hugh Leavell, City Health Officer, Louisville, Kentucky

*Local Venereal Disease Control Officer:* Dr. L. W. Shaffer, Director, Social Hygiene Division, Department of Health, Detroit, Michigan

*Community resources:* Dr. Lucy Morgan, Health Education Consultant, P.H.S., Community Organization for Health Education, Fayetteville, N. C.

*Voluntary health agency:* Miss Jean B. Pinney, Associate Director, American Social Hygiene Association

*Press:* Jack O. Carley, *Memphis Commerce Appeal*, Memphis, Tennessee

*Radio:* Merle S. Jones, General Manager, Station KMON, St. Louis, Missouri

*Health Department Public Relations:* Miss Ann Wilson Hynes, Public Information Editor, Department of Public Health, San Francisco, Calif.

*Clinic Management:* Dr. Nels A. Nelson, Director, Division of Venereal Disease Control, State Department of Health, Baltimore, Maryland

*Gonorrhea:* Dr. Charles M. [unclear] [unclear], School of Medicine, University of Rochester



*Syphilis case-control:* Miss Anne Sweeney, Vanderbilt University Hospital, Nashville, Tennessee

*Gonorrhea case-control:* Mr. Morris S. Wortman, University of Missouri, Columbia, Missouri

*Social Protection:* Mr. Arthur E. Fink, Regional Supervisor, Social Protection Section, Birmingham, Alabama

*Work Projects Administration:* Mr. T. Lefoy Richman, Informational Specialist, U. S. Public Health Service

*Nursing:* Miss Donna Pearce, Public Health Nursing Consultant, U. S. Public Health Service

*General health education:* Miss Elizabeth Bohnenberger, Director of Health Education, State Board of Health, Jacksonville, Florida

A display of educational materials, and demonstrations of use of publications, posters, motion pictures, radio, etcetera, will supplement the talks and discussions.

**General Federation of Women's Clubs Announces Social Hygiene Campaign.**—Mrs. John L. Whitehurst, President of the GFWC, and Mrs. Horace B. Ritchie, of Athens, Ga., Chairman of the Department of Public Welfare, have recently announced an expanded social hygiene program, in which they are urging the Federation's 16,500 clubs—to undertake prompt participation. Released as *Public Welfare Department Program No. 7*, under the title *Venereal Disease Control*, the eight-page pamphlet discusses the topic under the sub-heads, *What Are Venereal Diseases? Facts and Figures, Social Implications*, and a *Work Plan for Venereal Disease Program*.

Social hygiene agencies are urged to cooperate with state and local club organizations in this program, and to address the General Federation of Women's Clubs at 1734 N. Street, N.W., Washington, D. C., for further information.

**Wartime Problems to Be Discussed at A.P.H.A. Meeting in St. Louis.**—October 27–30 are the dates set by the American Public Health Association for its 71st Annual Meeting at St. Louis. Meeting headquarters are at the Auditorium, with residence headquarters at the Hotel New Jefferson and Hotel Statler.

Social hygiene, health and welfare workers and local community leaders are invited to a special pre-convention session on *Venereal Disease Prevention in Wartime* in the Gold Room of the Hotel Jefferson in St. Louis, on October 25 at 8:30 P.M. Health and medical representatives of Army, Navy, and state and local health services will address the meeting, which is open to the public under the sponsorship of the A.S.H.A., the Missouri Social Hygiene Association, and other state and local organizations. Dr. Richard S. Weiss, President of the Missouri Social Hygiene Association, will preside, and speakers will include:

Lt. Col. Thomas B. Turner, (MC), Chief, Venereal Disease Branch, Division of Preventive Medicine, U. S. War Department, Washington, D. C.; Captain Charles C. Macdonald, (MC) In Charge, Division of Preventive Medicine, Bureau of Medicine and Surgery, U. S. Navy, Washington, D. C.; Malcolm Merrill, M.D., Chief, Bureau of Venereal Diseases, California Department of Health, San Francisco.

The discussants will be: Rogers Deakin, M.D., First Vice-President, Missouri Social Hygiene Association, St. Louis—*Leader*; Joseph F. Bredeck, M.D., Health Commissioner, City of St. Louis; Edgar B. Johnwick, M.D., Assistant Director, Division of Venereal Disease Control, Missouri State Board of Health, Jefferson City, Missouri; and Harriet S. Cory, M.D., Executive Director, Missouri Social Hygiene Association, St. Louis.

Other sessions of particular interest to social hygiene workers are offered at the Health Education Institute and during the main program of the A.P.H.A. meeting by the various Sections:

**General Session:** *Health Councils and Private Agencies*, Oct. 30, 11:30 a.m. **Speakers:** Louis I. Dublin; Selskar M. Gunn; Philip S. Platt. **Presiding:** Homer Folks.

**Health Education Institute:** The *Ninth Institute* will open on Sunday morning, October 25th, with an address by Dr. William P. Shepard of San Francisco on *Educational Qualifications for Health Educators*, and will run through October 27th. During the three day program, following a keynote talk on *Objectives* by Professor Clair E. Turner of Boston, Institute members will discuss the general subject of *Community Organization for Health Education*, in panel groups dealing with programs for *Larger Urban Areas*, *Smaller Urban Areas*, *Urban-rural Areas*, and *Rural Areas*. Special sessions will consider *Public Relations*, *School and Health Department Relationships*, and *National War Programs and Their Objectives*. Summaries by the panel leaders and an address on *Health Education in a Democracy* by Professor C.-E. A. Winslow of Yale University will close the Institute.

**Epidemiology:** *Symposium on Syphilis*, Oct. 27, 9:30 a.m. **Speakers:** Lt.-Col. Thomas B. Turner (MC), U.S.A.; Bascom Johnson, Jr., M.D.; Ralph F. Sikes, M.D.; Theodore Rosenthal, M.D.; Bernard I. Kaplan, M.D.; I. Jay Brightman, M.D.

**Industrial Hygiene:** Oct. 27, 9:30 a.m., *Symposium on Industrial Hygiene and War*. **Speakers:** Lt.-Col. A. J. Lanza (MC), U.S.A.; Capt. C. S. Stephenson (MC), U.S.N.; James G. Townsend, M.D.; John J. Prendergast, M.D.

**Laboratory:** Oct. 28, 9:30 a.m., *Syphilis and Gonorrhea*. **Speakers:** Charles M. Carpenter, M.D.; Oscar F. Cox, M.D., and Mary V. McDermott; G. M. Kalmanson and J. J. Bronfenbrenner; E. L. Webb; Elizabeth B. McDermott, Jacob Adler, M.D., Stanley Marcus, Ella Brandon, Howard J. Nunes and Reuben L. Kahn; Anne Kimball.

Dr. Walter Clarke and Miss Jean B. Pinney of the A.S.H.A. staff will participate in the Health Education Institute and other sessions. The A.S.H.A. jointly with the M.S.H.A. will sponsor a special exhibit in the A.P.H.A. Scientific Exhibit and will display educational materials.

**American Bar Association Appoints Committee on Courts and Social Protection.**—Following its meeting in Detroit, August 25th, at which Charles P. Taft, Assistant Director, Office of Defense Health and Welfare Services, presented the case against commercialized prostitution in the war emergency and stated the need for increased cooperation and prompt action of all groups concerned with law enforcement, the Criminal Law Section of the American Bar Association appointed a new committee to further these objectives. Known as the Committee on Courts and Social Protection, with John M. Goldsmith, of Radford, Virginia, as chairman, the committee will work with state and local Bar Associations to secure full cooperation

with the Army, Navy, Federal Security Agency and Federal Bureau of Investigation in controlling liquor, gambling and vice in the vicinity of military camps, naval stations and war industries.

**Federal Bureau of Investigation Holds Quarterly Police Conferences on Prostitution.**—Responding to a letter from a member of the A.S.H.A. staff congratulating the Federal Bureau of Investigation on the recent series of Quarterly Police Conferences on law enforcement regarding prostitution, F.B.I. Director J. Edgar Hoover writes as follows:

“It was indeed a source of deep gratification to receive your letter of August 12, 1942, having reference to Quarterly Police Conferences recently held throughout the United States. At these conferences specific emphasis was given to the enforcement of laws affecting prostitution in the vicinity of military areas. Although we do not have complete reports as yet on the attendance figures, it is contemplated that approximately 350 such conferences will be held, attended by approximately 20,000 law enforcement officials, representing 8,000 police agencies.

I know you will be interested in learning that the reaction of the attending police officials was altogether favorable to this special conference topic, and they have generally professed complete willingness to cooperate with the Army and Navy and other interested agencies in combating this menace to our war efforts.

For your information, I might mention that the Quarterly Police Conferences were immediately put into effect under the FBI Law Enforcement Officials Mobilization Plan for National Defense, pursuant to the directive of the President of the United States on September 6, 1939, at which time he called upon state, county and municipal law enforcement agencies to cooperate with the FBI in the investigation of espionage, sabotage and matters relating to the internal security of the United States. Accordingly, these police conferences have been held quarterly throughout the territories covered by our fifty-six field divisions, which cover the United States, as well as Alaska, the Hawaiian Islands and Puerto Rico. These conferences, therefore, have served to completely mobilize the police of the Nation at the present time in the vitally important emergency wartime duties of police.

I want you to know I appreciate your thoughtfulness in writing to me as you did, and please do not hesitate to call on us at any time we can be of assistance to you in matters of mutual interest.

With best wishes and kind regards,

Sincerely yours,

(Signed) J. EDGAR HOOVER”

Sept 16-18, 1942

**National Sheriffs' Association Adopts Resolution Condemning Prostitution.**—Among the important national groups lining up in the all-out campaign for law enforcement against prostitution is the National Sheriffs' Association which, at its War Conference ~~recently~~ held in Columbus, Ohio, adopted the following resolution condemning the toleration of prostitution in any county of the United States:

WHEREAS, the sheriffs of this Nation are the chief law enforcement officers of their counties, and are charged with responsibility for the safety and welfare of their people, and

WHEREAS, it has been brought to the attention of the Nation's sheriffs at their War Conference held in Columbus, Ohio, September 16, 17 and 18, 1942, that the ravages of venereal diseases are hampering the successful prosecution of the war, and

WHEREAS, it has been definitely determined that the prostitute is the principal carrier, and that so-called medical inspection of prostitutes, whether official or unofficial, has no value in preventing the spread of these diseases, Therefore, be it

RESOLVED, that the National Sheriffs' Association, in conference assembled this Eighteenth day of September, 1942, officially condemns the toleration of any type of prostitution, and particularly urges every sheriff and law enforcement officer of this Nation to participate in the program of the Office of Defense Health and Welfare Services, by prohibiting the establishment and operation of so-called "red-light" or segregated districts; Further, be it

RESOLVED, that copies of this resolution be mailed to every sheriff in the United States, Eliot Ness, Director of Social Protection, Paul V. McNutt, Director of Defense Health and Welfare Services, Major-General Allen W. Gullion, The Provost Marshal General, the International Association of Chiefs of Police, The American Medical Society and the American Bar Association.

The Committee offering the resolution consisted of: Sheriff Jacob E. Sandusky of Columbus, Ohio, *Chairman*; Sheriff Louis Knop, Jr., of New Orleans; and Chief Deputy Sheriff Blaine E. Bixler of Gettysburg, Pennsylvania.

---

#### TWO USEFUL REFERENCES

For law enforcement officers, health officers, citizens interested in improved legislation, welfare workers, and others:

*Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea in the Forty-eight States and the District of Columbia.* Revised, 1942. American Social Hygiene Association. 604 pages. \$5.00.

*Digest of State and Federal Laws dealing with Prostitution and Other Sex Offenses, with notes on the control of the sale of alcoholic beverages as it relates to prostitution activities.* 1942. American Social Hygiene Association. 438 pages. \$5.00.

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1914, is the national voluntary agency for social hygiene.

At present, with emphasis on war needs, the Association undertakes to promote an "8-point program on the 48 state fronts". . .

1. Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.
2. Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.
3. Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.
4. Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.
5. Help communities to provide "good times in good company" for young people as the best safeguard against "bad times in bad company"; to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.
6. Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.
7. Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.
8. Study national and community conditions and programs, official and voluntary, and keep all concerned informed regarding progress and results, in peace or in war.

*The Association needs money to continue and enlarge these services. As a voluntary organization, its work is supported by gifts and membership dues. Most contributions range from \$5 to \$100. Annual dues are \$2.00. Please send your check to*

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Social Hygiene Day  
February 3, 1943

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*Photographs from the  
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# Journal of Social Hygiene

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NOVEMBER, 1942

NO. 8

## Social Hygiene in Wartime. III. Youth in Wartime.

### SOCIAL HYGIENE AND YOUTH IN DEFENSE COMMUNITIES \*

MAURICE A. BIGELOW

*Special Consultant, American Social Hygiene Association*

In the early days of the current emergency, with its necessary emphasis on an enlarged military establishment, a great deal of thought was given to plans for the provision of wholesome environment and recreational facilities for young soldiers on weekend leaves in towns near training centers.

But during all this worrying about what the communities should do for the visiting trainees, there was no public attention given to the question as to how, for good or bad, the trainees might affect the numerous adolescent boys and girls who live and belong in these communities adjacent to training camps. These were "forgotten youth" until the autumn of 1940, when many parents and teachers began to call attention

\* In this report covering some of the educational and social problems that affect youth in certain new situations connected with our national defense activities, the phrase "defense communities" is used to include towns and cities which are closely connected with army and navy training camps and with various defense industries. The "community youth" referred to in this report are the boys and girls of the usual high school years, fourteen to twenty, who live in homes in any "defense community." And "social hygiene" is used in its larger sense as including the physical, mental and social relations of the sexes and is not intended to be a euphemism for venereal disease control.

to the fact that the training camps were bringing some serious problems for local young folks of high school age. Then the United States Public Health Service and the American Social Hygiene Association jointly planned to look for an answer to the following question: How far are the youth problems reported by parents and teachers in training-camp communities related to the larger field of social hygiene and how can the problems be attacked by planned education through home, school, church and other agencies which affect youth? This report attempts to outline some preliminary answers to these important questions, which are essentially the questions of the larger social hygiene education needed by the vast majority of the youth of all America.

Most of the communities selected for study directed at obtaining an answer to this question were in the areas of fourteen major training-camps in the ten southeastern states and in Louisiana, Arkansas and New Jersey. Later, industrial centers in West Virginia and Pennsylvania were visited. Most time was given to conferences with leading citizens of the communities which are commonly visited by trainees on leave from the camps nearby.

In planning a reconnaissance of "defense communities" with reference to the educational and social activities which look towards helping local youth adjust to changing conditions, it was agreed that as a first step there should be consultations with leading citizens representing the homes, the schools, the churches, the health and social agencies, and any others organized to deal with youth. In general, it was found necessary to confer with individual citizens, especially educators, ministers and health officers; but some small-group conferences were very useful when they were led by citizens with organizing ability.

Citizens in all communities visited had previously been challenged (especially by the U. S. O. movement) as to their responsibility for the young men from the training-camps; but in the confusion incident to building large camp cities on rush orders, the youth of the defense communities had been almost forgotten except by a few educators, some parents and some ministers. It was therefore an awakening when the United States Public Health Service and the American Social Hygiene Association indicated that these were jointly interesting themselves in the question: "How are the men from the training-camps influencing boys and girls who belong in the communities which the trainees visit when on leave?" Here was a brand new proposition which aroused much interest and discussion in every community visited. It especially appealed to every parent who had boys and especially girls of high school age.

It is apparent that the relations of young people of a community to the visiting trainees from the camps are much affected by the

size of the community. The educators, ministers and parents in towns and small cities know that many of their boys and, especially, girls of the teen age are more or less acquainted with the visiting trainees. On the other hand, the situation is quite different in cities whose populations exceed that of accessible camps. Many interviews with high school educators and parents in large cities to which large numbers of trainees come for recreation make it clear that in such cities there is little traceable influence on community youth, though it is so evident in small cities and towns, swamped by the masses of trainees on leave from near-by camps. Large cities quickly "absorb" thousands of visitors. Several school officials in large cities stated that the high school youth in general showed little interest in the weekly visits of thousands of trainees, and that the boys and girls carried on their own affairs as is characteristic of students of big high schools in normal times. The consensus seems to be that the addition of a large training camp to the area of a large city has no traceable mass effect on the permanent complicated social environment of the youth living in any large city.

It is therefore to the towns and small cities of training-camp areas that this report is devoted. It happens that many of the largest training camps are located fifty miles or more from large cities and even most of those within easy reach of large cities are surrounded by small communities. It is in the small community or the small city, where thousands of weekend visitors make a marked impression, that we find parents, educators, ministers and other youth advisers recognizing clearly that the training camps have brought new youth problems into the home community. A very efficient school superintendent in a city of less than 20,000 population, with no larger city within fifty miles, summarized an interview thus: "I must say that the near-by camp for more than 30,000 men has made this a very undesirable place in which to bring up boys and girls." This man, and many others with similar opinions, agreed that educators and parents must combine to make the best possible social and educational adjustments to the new conditions which have been forced upon the youth of their communities.

Turning now to the new conditions that definitely affect youth in the training-camp communities, the most important problems submitted by leading citizens may be conveniently discussed under the subheadings (1) to (5) below:

(1) *Tendency of numerous boys and girls towards less interest in school work and other duties.* Some parents and educators spoke of "morale" as having been "lost" or "disorganized." Some said "demoralized," but that is too strong a term for the great majority. However, it is the opinion of many officials and teachers of high schools, and representative parents in towns and small cities near large camps, that the regular weekend visits of masses of "draftees" has a marked effect on the educational work and other duties of the high school boys and girls. The disturbing conditions are much like those of all "boom" towns. There are signs that the novelty and

excitement will wear off, and many school officials expect that in the next academic year work will go more normally. The problem is being watched by competent educators in many schools. It is concerned with social hygiene only in that the youngsters' neglect of their education and other duties is often connected with undesirable social activities in association with trainees. This applies chiefly to girls.

(2) *Tendency of many youths in defense communities to condone or even accept lower standards of conduct.* Prominent educators, ministers, and parents in many towns and small cities are most concerned lest some boys and girls accept without question, or even with tacit or open approval, the lower standards of conduct which are so conspicuous in the areas around most training-camps and other defense communities. And under "lower standards" is included everything from disapproved public behavior to drunkenness and loose sexual conduct. The possible influence of soldiers on leave is probably greater than that of men who are industrial workers, because the young folks seem to expect better conduct from men in uniform. Many boys and girls are confused or at least puzzled by the local attention, especially in newspapers, to prostitution and venereal disease. (See 5 below re recommendation that these deserve answer by discussion in high schools.)

(3) *Increasing social activities of girls of high school age who are "drafted" by local organizers for entertaining,* usually at dances, the trainees who come to town. This attempt to provide ways and means whereby trainees may "meet nice girls" has set up an important community problem wherever the trainees far outnumber the local girls with desirable social connections. Considering only the physical strain of the excessive social life for the relatively few girls who may participate, it is obvious that the problem can be solved only by some scheme for "importing" from the large cities groups of girls who volunteer to take the responsibility for the dancing and other social activities for certain weekends.

Aside from the physical strain and excessive social life, there are numerous parents who object to involving girls of high school age in any planned entertainment for the visiting trainees. These parents do not fear any sequel of damage to health or morals of their daughters, but they think they know something of the possible psychology of such made-to-order and more or less promiscuous social relations. Many parents object because the uniform is the only basis for introduction in numerous cases. A widespread opinion is that only girls above twenty years of age should be asked to "volunteer" for the planned entertainment of the trainees. Still another phase of the problem is in the social conflicts which in some communities are developing among the boys of the regular social groups from which the girls are frequently "drafted." The neglected local boys have been known to find less socially desirable girls as companions for Saturday evening. Here, again, transportation of volunteer young women, not school girls, from large cities may avoid serious

upsetting of social relations of young folks who live in a relatively small community over which is the shadow of a large training-camp population.

(4) *Problems of undesirable social life outside school hours.* These are times when it is even more important than usual that school and home cooperate in supervising the activities of boys and girls outside the school. Some high schools have had an unusual amount of absence of girls from the afternoon sessions, and check-up has shown that they meet trainees, often at doubtful roadhouses and night clubs. One high school with about 400 girls cooperates with the parents' association in employing as part time "welfare officer" a man with a remarkable memory for names and faces and with many years experience in social work for the Salvation Army. During December, 1940, he learned why and where many girls played truant in the afternoons, and in late evening hours he found more than twenty of the school girls in disapproved night clubs in company with trainees. The officer's activities became well known in the school and in January he found only three girls with trainees in night clubs. Later, the parents voted that the officer should "keep an eye" on the junior boys of the school. This was an exceptional school working with wide-awake parents. In most defense communities the high school boys and girls are still more or less "forgotten." Some schools are becoming more strict about explanations for absences, but some principals who were interviewed confessed that they had paid no attention to increased absences of girls and had not mentioned the fact to the parents' association. The general opinion or "guess" of leading parents and high school teachers in several communities was that from one girl in ten to one in four might go to doubtful places with chance acquaintances in uniform. It is a significant fact that most school girls who do so are from "under-privileged" and "broken" homes.

(5) *Venereal diseases and community youth.* Many physicians and health officers consulted had no reason to expect any alarming increase of venereal disease among youth in training-camp areas. A relatively few new cases in several communities have been traced to contacts with men from near-by training-camps. Physicians in industrial defense areas are on the lookout for more venereal infections in the youth of their regions. Of course, every doctor of medicine or public health knows that testing in recent years has shown some cases of venereal disease in youth groups in most communities under normal conditions. Some increase should be expected under the peculiar conditions imposed upon communities by sudden development of the training-camps, large and small. However, it is the consensus of opinion of many persons competent in health matters that probably it is not necessary to take extraordinary precautions guarding "community youth" against spread of the venereal diseases. It was pointed out by several local health officers that men in training usually acquire the venereal germs not from girls who belong to the "community youth," but from invading prostitutes. This general statement must be qualified by the fact that there are

local situations which include few prostitutes and many reckless girls. The problem, as in normal times, is to keep at a minimum the number of reckless local girls who may acquire and transmit venereal disease germs in their relations with trainees or other young men of their own group.

While many careful parents and school officials on the basis of the first six months experience with training-camps, refuse to get alarmed about venereal diseases, they are nevertheless expecting that local physicians and health officers will be unusually alert in guarding the health of the community young folks. These citizens recognize that inevitably there will be *some* increase in illicit sexual contacts, and hence the probability of more venereal infections among the youth of the community. I have emphasized the word *some*, but it is the general opinion of those persons who best know local conditions that the great majority of social relations between community girls and trainees take place under conditions which rule out the possibility of sexual contacts occurring then or later. Many parents and community leaders believe this statement to be true. The possibility of sexual relations is not the reason why many parents expressed strong opposition to their daughters of high school age meeting men introduced only by their uniforms at social affairs (especially dances) under auspices of high schools, churches, YMCA, YWCA, USO, etc. As stated elsewhere, there is a widespread opinion that this is psychologically and socially harmful for the impressionable adolescent girls, and that young women in their twenties should be "drafted" for such social affairs. Among citizens with such ideas, I found few fathers and mothers who were worrying about the probability of social relations under approved auspices leading to sexual contacts at later private meetings of the young folks.

This being so, it would seem unnecessary to set up local facilities for periodic wholesale tests for the purpose of sifting out the relatively rare new cases of venereal diseases among young people. Far more useful would be efficient education of youth regarding venereal disease which would influence individuals to seek medical examination if they have reason to suspect the possibility of venereal infection in themselves. In short, there is needed by American youth in general and especially by those in communities near training-camps and industrial centers the special health education concerning venereal diseases which will lead individuals to seek reliable medical advice. Unfortunately this opportunity for teaching youth concerning the venereal diseases is being neglected in most communities because official pressure is wanting. Protecting trainees or industrial workers from venereal disease is officially considered a defense activity, but protection of youth by special education is not considered "defense" until they become trainees or workers. There are very few communities with efficient instruction on what youth has a right to know about the venereal diseases. Some high schools and youth organizations have occasional talks on these diseases, often by doctors who are competent physicians but are far from being good teachers; but on the whole youth in "defense communities," like American youth



in general, are not being taught about syphilis and gonorrhea as they are about tuberculosis and other common communicable diseases.

A challenging opportunity for emphasis of venereal disease education for youth now exists in defense communities, which after a hectic year of construction and organization are now settling down for long-time action. The somewhat increased danger to community youth and the prominence of local discussion concerning venereal disease and prostitution in relation to the trainees offer two good reasons why the young people should be well informed. For example, in one city the two newspapers devoted much space each day for several weeks to the citizens' fight against a proposed segregated district. Many high school students wondered "what it was all about," but there was neither a plan nor any well informed health teachers to answer their honest questions concerning venereal disease, segregated and "red light districts," and other topics suggested by the daily papers. Many parents and school officials will agree that the young folks in this city had a right to scientific explanation of the problems set forth in the press; but hasten to point out that there is a shortage of competent health teachers and of texts and illustrative matter such as are available for instruction concerning other diseases.

The fact is that the challenge should be directed to the Federal, state and voluntary agencies which are concerned with venereal disease control. They have turned loose a flood of excellent propaganda pamphlets and motion pictures, but many school officials and expert teachers have pointed out that there are no satisfactory printed texts and projection pictures for average classroom use in lessons on the venereal diseases. Many high school officials have said that they are ready to consider for trial in health classes any reasonable text and picture matter which has been worked out and tested by even a small group of recognized health educators. If and when such teaching materials become available, they should be introduced as rapidly as possible in the American high schools, and those in defense communities should be helped first.

In all references to venereal disease control education in the foregoing it is assumed that such instruction will be part of a course in health education, as outlined in the *JOURNAL OF SOCIAL HYGIENE*, February, 1941. The educational problems here considered will be most successfully presented to youth as human social relations that have no essential connections with venereal disease; and would exist as important problems of human relations if there were no venereal disease.

In the opinion of most parents and educators, an educational problem much more important than that of venereal disease is suggested by (2) above, where it is noted that there is a tendency among youth to condone or even accept lower standards of conduct in their communities. Here is a task for homes, schools and churches. In defense communities where disapproved conduct is conspicuous, are the adolescent boys and girls to be left to make their own interpre-

tation of the kind of conduct they see around them? Leading parents, ministers and educators have said "no" to this question, but unfortunately the tendency among parents and teachers has been to leave the youngsters to find their own answers. But here and there in training-camp communities one finds some hopeful signs that educators and ministers are leading parent groups to cooperate in a planned attack on the problem of youth attitudes towards conduct. In addition to some commendable classroom work under health and home economics, the writer investigated the two following cases which involved all pupils in high schools of over 600 pupils:

A girls' school in a large southern city "borrowed" for a week from a State college a woman who has a reputation for wise dealing with girls. In groups of twenty to fifty she discusses questions of health and conduct, many of which the students submitted.

In a small southern city the high school girls who met the principal in a regular open discussion period asked him: "Are the young men from Fort \_\_\_\_\_ as drunk and disorderly on the main streets of their home towns as they were on our Main Street last weekend?" Later the boys' group raised a similar question. In both groups the principal steered into a discussion of how to hold up standards of behavior for youth of their own town, and in later sessions followed up. Some ministers in camp areas reported that they had discussed current questions of conduct in talks with groups of their young people.

The foregoing suggests what should be done in educating community youth to face the questions which are sure to be prominent as long as the communities have tens of thousands of trainees selected at random from our general population. The cases reported above showed commendable handling of new situations; but there is *need of definite planning to include ideals of conduct* in regular school instruction, and *especially in selected readings*. At the same time, there should be maintained in every defense community—in schools, churches and youth organizations—discussion groups in which young folks may be helped to think clearly on many problems, including those mentioned in the foregoing.

In handling discussions of disapproved conduct, in teaching or sermons, it is important to make the youth of the community recognize that *only a minority* of the trainees are involved in such conduct. Young people, especially the girls, in many training-camp communities are much inclined to be suspicious of the character of the majority of trainees who are merely privates. Even corporals and sergeants have better entrée to community social circles. Young people in such communities should learn (and in the summer of 1941 it was reported that they are learning) to recognize that, as in normal community life, one must learn to choose friends and avoid the unworthy.

Defense community youth ought to have a chance at least to read and if possible to discuss with selected leaders the anti-social effects of prostitution. The young people in defense communities have had forced upon their attention the local campaigns against prostitution. They know that professional prostitutes have come into their community for the purpose of attracting the trainees. They have usually acquired the idea that the public opposition to prostitutes is based

solely on the fact that they are likely to have and transmit venereal disease. This has been so prominent a part of the campaign against prostitution in defense centers that many young folks, and older ones, have come to believe that there would be no objection to well-behaved prostitutes if they were surely free from the germs of syphilis and gonorrhea. In the opinion of many prominent citizens in defense areas, and elsewhere, the current plan of attack on prostitution almost exclusively from the health point of view is tending alarmingly to fix in the minds of young people the belief just stated. This is not acceptable to many prominent Americans who believe that the anti-social effects of prostitution on youth and the family far outweigh the well-known health hazards. Parents, educators, ministers and others who hold this view will not be satisfied until they are sure that their young folks are somehow learning the anti-social significance of promiscuity and prostitution.

In the rapidly expanded war industry communities, experienced observers seem to agree that the adolescent problems, which exist in all industrial centers in normal times, are now intensified by the unorganized and disorganized conditions which are commonly found in "boom" towns. Impressionable youth gets more than its fair share of such chaotic conditions. It appears that the social hygiene conditions affecting youth are even more complicated and probably more serious in the expanded industrial centers than in the towns and cities which have been more or less "swamped" by large training-camp populations.

There are several groups of facts supporting the opinion that youth in "boom" industrial centers is in more danger than in training-camp communities:

(1) Workmen in defense industries are on duty only eight hours per day and often only five days per week, while men in the training-camps have limited leaves, usually week ends. Obviously, the workmen have a large amount of leisure time to be spent among the people of the town.

(2) A substantial percentage of the workmen are unmarried or not living with their families. This is the type reported as most often involved in unwholesome associations with community youth. However, a large number of defense workmen have some kind of home or family ties, and as housing develops there is an ever-increasing percentage of this desirable type of men.

(3) A large number of the industrial workmen are housed in or near residential districts and hence it is probable that they will come into daily and close contact with the youth of the community.

(4) A temporary type of situation showing the relation between community youth and industrial workers has occurred during the hasty building of many large camps. In several small cities which housed thousands of itinerant workmen employed by the camp construction contractors, leading citizens pointed out that such workmen

were responsible for some serious situations among young girls of the community, especially visits to various kinds of disreputable roadhouses where the associations and standards of conduct were not approved by most parents concerned. In one such city of less than 25,000 population, more than 100 hasty marriages of local girls with transient workmen had been recorded before March 10th, 1941, and desertions were common.

(5) Several informants called attention to the obvious fact that when training-camp and industrial populations are mixed, the trainees on leave obviously are successful competitors over the workmen for the attentions of the masses of girls. However, this competition exists chiefly at weekends, leaving the workmen a free field for four or five days each week.

(6) It should be clearly understood that the serious problems of the relations of youth and industrial workers probably concerned only a minority of either the youth or working groups.

### *Conclusion*

This report has called attention to the need of special educational attack on the newly-expanded health and social problems of youth in defense communities. Probably it is too much to hope that under defense conditions more than some rather limited protective education may be set up for the youth, especially in high schools, of these areas. Of course, like all American youth, those in defense communities need a broad program of social hygiene education, "the larger sex education," (with or without the name) in addition to adequate health instruction concerning the venereal diseases which war conditions have made most dangerous of the communicable diseases.

A broad program of social hygiene education is certainly needed by the youth of every defense community, even more than youth in general throughout the United States. As pointed out in the preceding pages, boys and girls in these communities are meeting every type of social hygiene problems more directly and frequently than in the average American community. They have a right to an understanding of the health and social conditions which have been suddenly thrust upon their home neighborhoods. But this right of youth is not being recognized by educators and parents in most of the communities affected by the fourteen major camp areas and in some industrial regions which are

included in this report; and correspondence indicates that this is the general situation in defense communities in all States.

This general neglect of social hygiene education for youth in defense communities is more than local failure to grasp the situation. The fact is that the appropriate federal, state, and local official agencies and the national, state, and local voluntary organizations have shown no signs of considering social hygiene education of this type a "defense activity." Certainly nothing has been done of significance to encourage educational activities for youth in local defense communities. As stated above, attention has been and still is centered in protecting trainees and defense industrial workers against venereal disease and in attempting to reduce promiscuity and commercial prostitution. This, of course, is direct national defense and must go on and on. But the time has come when national and state governmental and voluntary agencies should undertake to cooperate with the educators and parents in defense communities in developing a broad program of social hygiene education for local youth. Surely the boys and girls of every defense community have a rightful place in the second line of American defense.

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#### A Message to American Fighting Men from Their Commander-in-Chief

"You young Americans today are conducting yourselves in a manner worthy of the highest, proudest traditions of our nation. . . . You are doing first things first—fighting to win this war. . . . Victory is essential; but victory is not enough for you—or for us. We must be sure that when you have won victory you will not have to tell your children that you were betrayed. We must be sure that in your homes there will not be want—that in your schools only the living truth will be taught—that in your churches there may be preached without fear a faith in which men may deeply believe.

"The better world for which you fight . . . will be made possible only by bold vision, intelligent planning and hard work. It cannot be brought about overnight, but only by years of effort and perseverance and unfaltering faith. . . . You young soldiers and sailors, farmers and factory workers, artists and scholars, who are fighting our way to victory now, all of you will have to take your part in shaping that world. . . . With divine guidance, we can make—in this dark world of today, and in the new post-war world—a steady progress towards the highest goals that men have ever imagined."

FRANKLIN D. ROOSEVELT

*President of the United States, in an address  
before the International Student Assembly, September, 1942.*

## YOUTH STANDARDS IN WARTIME

### PROGRAMS RELATING TO THE IMMEDIATE NEEDS OF YOUTH AS ENGENDERED BY THE WARTIME SITUATION

*Harvard Seminar on Youth Standards in Wartime.*

*Report of Workshop No. 1*

RICHARD H. ANTHONY, *Leader*

The purpose of this workshop was to consider elements in a program that could be put into effect now to meet the immediate problems which arise in a community when soldiers, sailors and war workers are meeting girls in public places, resulting, in many instances, in conduct publicly considered undesirable. We were to assume that such problems were already in existence; that we must attack them as we found them. It was not the concern of this particular workshop to consider ways of preventing the problems from arising through long-term methods of approach.

Thus education and recreation, prime weapons in any long-time attack on anti-social behavior, are here denied us except where they can be employed to produce immediate results. We are to assume that education and recreation have failed to prevent part of the population from engaging in forms of sexual behavior which our present society condemns. We beg the question whether education and recreation can ever prevent such behavior *in toto*. We are not concerned as a workshop, therefore, with antecedents, with morals, with trends, with standards, with codes of conduct. These are the concern of the Seminar as a whole, and of some of the other workshops. We are the fire department answering the alarm after the building is ablaze. We may wish the conflagration could have been prevented; we may hope future structures will be built fireproof. Our task, however, is to put out the flames as we find them with whatever resources we have at our immediate command.

Our workshop group represents a number of community agencies and services. Dr. Helen I. D. McGillicuddy and I, as workshop

leaders, represent the Massachusetts Society for Social Hygiene, an organization primarily concerned with the manifestations of sex in the lives of men and women. From the welfare field we have Charlotte Esdaile and Margaret A. Sullivan of the Catholic Charitable Bureau. Representing neighborhood houses are Achsa L. Ransier of Margaret Fuller House, Cambridge, and Willette Pierce of Norfolk House Center, Roxbury. From the Florence Crittenton League we have Helen R. Fowler of the Maternity Home and Josephine Reichardt of Welcome House. Frances G. McMahon represents the federal Child Welfare Services. Margaret S. O'Donnell of Scituate is with the School Health Service and Irene McAuliffe with the Boston Police Department. The press is present in the persons of Janet Jones of the *Boston Globe* and Rona Brown of the Community Fund. Rosamond B. Rheault of Westwood and Mrs. R. H. Markham of Boston represent the civic-minded general public.

We begin our workshop with an inquiry into the kinds of tools with which we work. Our first witness is John J. Murphy, regional supervisor for New England of the federal Social Protection Section, Office of Defense Health and Welfare Services. He tells us this:

"It is the purpose of the Federal Defense Program to safeguard the health and morale of the armed forces and the workers in defense industry. The Social Protection Section has been formed to implement this purpose. The first task of this Section is to promote the public health by the reduction of venereal disease through the repression of commercialized prostitution.

"The responsibility of the Section is by no means limited to this task, however. The Section is concerned with the protection of the community and particularly of its girls and young women, from prostitution and other related social hazards. It also stimulates the constructive treatment and care of girls and women detained by the police."

Mr. Murphy emphasizes the principle that the responsibility for the actual operation of this program belongs primarily to the states, counties and communities. He explains:

"It is the responsibility of the Social Protection Section to coordinate the work of the several agencies concerned with the problem and to see to it that the proper steps are taken in regard to that phase of the Defense Health and Welfare Services program relating to social protection."

Mr. Murphy points out that no one person or agency knows the total situation; that the only feasible way of finding the answer is to bring together the existing public and private resources and agencies of the community. He says:

"Every possible means—the press, the radio, the pulpit, should be utilized to bring home the fact that danger lurks for the innocent, the unsuspecting, the inexperienced 'teen-age' girls who frequent places that are known to be 'hot spots'. We grant the fact that

parents have the inalienable right and the concomitant responsibility to educate and to direct the behavior of their children. However, it has been demonstrated, by virtue of the fact that the community has established safeguards to implement parental responsibility, that some parents, either through misguided confidence or indifference, are unable to exercise this inalienable right. To this end protective agencies, both public and private, have been set up to do the job that some parents have failed to do."

In response to questioning, Mr. Murphy explains that the Social Protection Section does not deal with individual cases; that it fosters the coordination of local agencies to handle such cases in whatever ways seem pertinent to the problems presented.

Mr. Murphy is asked whether group activities offer an effective attack. He replies that the trouble lies with the girl who does not belong to a group and who shies away from the group. It is the girl who may have just turned sixteen, who has a job, who suddenly thinks she "knows it all" and can form her independent judgments, who craves affection, does not get it at home and finds it in meeting soldiers and sailors on Boston Common or in the drinking places.

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When next our workshop meets, Dr. McGillicuddy tells us of the family and community elements in our problem. She says the aim of social hygiene is the upbuilding of the family as a unit of society. War takes away the father, the mothers may have to work outside the home. Disciplinary and affectional elements are thereby removed from the home. Many homes are inadequate in their physical aspects. There is no place for a daughter to entertain her friends, so she has to go outside to meet young men.

Miss Fowler is asked to tell us something of a most serious element of our problem—the unmarried mother and the illegitimate child. She reports that girls in maternity homes are coming more and more from the higher economic and social levels. The girl who arrives at the maternity home for the first time is not a bad girl, but is generally a victim of circumstances. She feels she has had a rotten deal. When handled with understanding and frankness, her strength of character can be built up. For most of these girls maternity home care is better than foster home care, particularly for the middle income group. The girl is one of several unmarried mothers at the maternity home, where there is no stigma attached to her situation as there might be outside. Most of the girls later marry, but usually not the fathers of their babies. The parents adopt the child. Thus most of these girls adjust themselves well to normal life after what might have been an exceedingly demoralizing experience.

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At our next meeting it is my turn on the witness stand, and I outline some of the special types of service necessary in dealing with the public manifestations of the boy and girl problem. The standards



adopted a few years back by the Child Welfare League of America seem pertinent and they are quoted as follows:

"Most of the problems that confront the protective worker are rooted in conditions outside as well as inside the individual or the family. To deal adequately with these problems therefore requires not only personal contacts . . . , but also, in most cases, some modification of the surrounding environment. In seeking to bring about such a modification the protective worker has need of recourse to a wide variety of community resources. Social agencies of all kinds, churches, courts, clinics, hospitals, schools, playgrounds, parks, camps, libraries, museums, interested individuals—all these resources and others, if wisely used, can be valuable in case work."

We take notice of the peculiar relationship between the worker and the person in need of protection. The girl who frequents the parks or cafes where soldiers or sailors gather does not ordinarily place herself in the hands of a protective agent. The prostitute does not voluntarily seek rehabilitation. The operator of a house of prostitution and the proprietor of a cafe or hotel which is a focus of genitoinfectious disease do not ask to be regulated or put out of business. It is the worker who makes the overture and since the work is in either the sphere of legal or innocent behavior on the one hand, or delinquent or criminal activity on the other, or perhaps in the twilight zone between, the worker must be armed with some authority recognized by the public.

We find that it is this clothing of the protective worker with authority that brings shudders to the social worker used to thinking of case work as a process beginning with the voluntary appearance of the client and continuing in an atmosphere free of any pressure on the part of the worker. The presence of authority, although never unsheathed, might seem to thwart any working together of worker and client which is the *desideratum* of modern case work.

Some years ago E. Marguerite Gane answered such an objection in this way: "The application of general case-work principles and methods to the setting of the protective society, with an authoritative element implied in its very name, may seem impossible. On the contrary, may not authority be used as carefully and constructively, to fill a real need, as is relief in a family agency, or board payment in a child-placing one?"

"It is interesting to find how easily people accept recognized authorities which have as their purpose general protection. A worker finds a thirteen-year-old girl dancing in a roadhouse. She explains to the girl and to her mother the law which prohibits this activity and the reasons behind it. Without protest the girl quits the job. Although authority had been expressed merely by the worker's presence and her explanation, a relationship was established with the family which later resulted in a request from the mother, then in the hospital, for the worker to 'call at the home to see how everything was.'"

It is this restrained use of authority which is the key to proper case handling in the social protection field. Indeed unrestrained use of authority negates the true value of social protection, which lies chiefly in its rehabilitary procedures.

This need of restraint is emphasized by Philip Broughton who says in his recently published booklet, *Prostitution and the War*: "The first decisions of law enforcement officers are probably the most important single factor in many of these cases. There will be hundreds of girls who would be set down as 'incurable' and 'uncooperative' if they are approached with the untrained bluster of many an old-fashioned deputy sheriff. Others could not be influenced for the better by any male official. But experience has shown that with proper professional handling almost 100 per cent (of unmarried mothers, sex delinquents, prostitutes who ply their trade merely to earn a living and who do not find it answering some deeper need) will respond."

Mr. Broughton and most social protection workers believe that the person who makes the first contact with such girls should be, ideally, a policewoman trained in social work procedures.

We are thus led into a consideration of the place of policewomen in our protective program and here we look to the foremost authority in America on the subject of policewomen, Miss Eleonore L. Hutzel, Fourth Deputy Commissioner of the Detroit Department of Police. She has written a letter to the Boston Committee on Social Protective Measures, from which we quote, as follows:

"If we accept the fact that in areas where war workers (and soldiers and sailors) are gathered we must concern ourselves with (1) law enforcement, (2) identification of youth in need of guidance and protection, (3) resources for dealing with individuals on a case treatment basis, then I see no better way of identifying youth than through the use of trained policewomen.

"In the years since the last war, the so-called 'protective agency' has almost disappeared. Social case work has concerned itself more and more with the treatment of the individual and less with community conditions. This works no hardship when there is a group of trained policewomen but leaves an obvious gap in communities where this service is lacking."

What Miss Hutzel means by "identification" of youth in need of guidance and protection is explained. It takes a trained person on routine patrol in public places to differentiate among the girls whose behavior is innocent, the hardened delinquents, the prostitutes, the girls who can be rehabilitated and those who will be recalcitrant to the last. The assigning of these girls to such categories and the recognition of individual girls comprise what Miss Hutzel calls "identification."

Miss Esdaile of the workshop group now tells us some of the difficulties of dealing with problem adolescents. They show antago-

nism and aggressiveness toward the worker. She must be "non-shockable" if she is to preserve her poise and objectivity. The worker must present the attitude of a listener rather than someone sitting in judgment. The adolescent may try to see how far he or she can go in getting away with things. Miss Esdaile finds that many parents do not understand what the worker is trying to do and they do not at first cooperate. It is necessary to interpret the immediate situation to parents as well as to interpret to them the reasons for the rules and laws of society.

Miss Fowler fears that girls, particularly those from out of town, do not know what are the recreational facilities of a community nor where they may be found. She urges something be done to make that information available. The discussion becomes general and we consider the possible use of recreation bulletins for girls, such as are already published weekly for servicemen. We also discuss the part newspapers and radio might play. It is a difficult problem.

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At our final session Malcolm Knowles of the Boston Y.M.C.A. comes to describe for us the survey being conducted by the Department of Youth Activities of the Boston Council of Social Agencies. He tells us that the survey is in two parts:

First, a master map of Boston is being prepared showing the location of youth-serving facilities, according to census tracts. Against this map of resources can be compared maps showing data on youth needs, such as maps of delinquency rates. If there is any valid relationship between lack of resources and needs in any neighborhood, this will become apparent almost at a glance.

Second, a survey is being made of the residence of participants in youth-serving agencies, for many boys and girls go some distance from their homes to find the recreational facilities they favor. At present volunteers are searching the membership records of 21 youth agencies, the Y's, Hebrew associations, Boy Scouts, Girl Scouts, the art center. Later the work will be extended to include records of settlement houses and other agencies serving youth. From these searches will emerge the pattern traced by Boston youth seeking recreational outlets.

Mrs. T. Grafton Abbott, of the Massachusetts Division of Child Hygiene, who is visiting the workshop, asks what will be done if the distribution of high delinquency areas matches those neighborhoods lacking youth-serving activities. Mr. Knowles replies that the Youth Activities Department would undoubtedly consider such a relationship in recommending budgets for the city's youth-serving facilities.

Mr. Knowles is asked whether records showing the location of genitoinfections might be used to discover any relationship to lack of youth-serving facilities, and he thinks such a comparison might have value.

The members of the workshop are now urged to discuss what might be done by the types of agencies they individually represent to help in an immediate protective program.

Miss Pierce reports her experiences at Norfolk House where they have some problem girls and are able to absorb them in group activities. They are giving some attention to families of the boys and girls in their programs. They work with other social agencies. Miss Pierce finds that dances are the only successful program for boys and girls together.

Miss Ransier had earlier reported that Margaret Fuller House found games, dances, and dramatics with boy and girl participation had been successful.

The need of temporary shelter for girls picked up in a protection program is next considered. It is brought out that most shelter homes refuse to take girls with syphilis or gonorrhea even though modern methods of treatment eliminate the chance of their infecting other residents. Thus, problem girls who are infected are often sent to a reformatory while others, who are free of infection, are placed on probation. It is agreed that this is socially undesirable as it tends to identify the girl unfortunate enough to become infected with hardened offenders, whereas treating her on a case-work basis might bring about her rehabilitation. The need is seen of educating social agencies in the new therapeutic technics in syphilis and gonorrhea control.

Miss McMahon explains the function of the Division of Child Welfare Services, which is interested in stimulating day-care programs for children and in preserving and strengthening family control of children. Problem cases that fall between other agencies can be placed in the hands of the Child Welfare Services worker.

Miss Sullivan reports that Family Services, such as the one in the Catholic Charitable Bureau, come to the aid of families with counsel, financial assistance, vocational guidance, employment finding and other services and so help in bolstering family control over youth.

Miss Jones and Miss Brown tell of the part newspapers can play in acquainting the public with the existence of problems and the agencies equipped to deal with them. They emphasize the fact that the newspapers do not usually act of their own accord; material must be furnished to the papers by the agencies.

Dr. McGillicuddy then describes the nature, symptoms and treatment of syphilis and gonorrhea. Modern treatment renders a patient non-infectious in a short time and cures, or arrests, the diseases in most cases, if treatment is faithfully followed. The girl under treatment is not a health menace to other girls; no agency should refuse to welcome her just because she has syphilis or gonorrhea.

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And there our workshop ends.

What have we learned from our meetings and discussions and what guideposts can we set up for a program to meet the immediate protective needs of youth? Here are some of the things we have learned:

1. These are community problems and any program of attack is a community responsibility. No single agency is equipped to meet the problems in their entirety. The existing resources of each community must be tapped and expanded where necessary.

2. Problem girls will respond to understanding and sympathetic treatment. The experience of the maternity home is that the unmarried mother can be restored to a normal and useful life after a potentially demoralizing experience. Certainly the sexually promiscuous girl fortunate enough to escape such a predicament, or even a venereal infection, is much more susceptible to rehabilitative treatment. And this is said in full appreciation that the girl who knows enough to escape these consequences is often the type most resistant to case treatment. We know that even the prostitute is not incorrigible in every instance.

3. The worker who first deals with these problems must be armed with authority, but must know when to threaten, when to cajole, when to sympathize. The worker must be experienced in separating the wheat from the chaff among the girls whose conduct is undesirable. The combination of qualities demanded in such a worker dictates the use of policewomen trained in social work as the first line forces in any social protection program.

4. We have much to learn as to the relationship between community conditions and various manifestations of anti-social conduct. Surveys of community youth-serving resources with which we can compare youth needs ought to give us a clue as to where our efforts can best be applied.

5. We are not nearly as enlightened and free of taboo as we think we are. We find agencies reluctant to deal with sexually promiscuous girls and denying assistance to those with venereal infections. We discover a lack of knowledge even on the part of social workers as to the cause and cure of syphilis and gonorrhea. We find that while we have been expecting the newspapers to take up the cudgels in our behalf, they have been waiting for us to tell them what we are doing and thinking.

And now for our program—

1. The community must organize. This is one of the most familiar exhortations in sociology. Its repetition has become so rhythmic that it serves to soothe rather than to stimulate. The populace shrugs off individual responsibility by hiding behind the time-worn cliché. Nevertheless the community must organize. Agencies must recognize that they have facilities within themselves and must be willing to dove-tail their efforts with those of other agencies. Competition may be the yeast in commerce, but it has no place on the civic plane.

It is not a question of whether the police department, or the court, or the social agencies should deal with the problem girl. The question is, or should be, how can they coordinate their services in a common cause. Time is of the essence. If they will not see the light they must be made to, and that is where civic organizations, public-spirited citizens, and activities such as this Seminar enter the lists. They must spread their message, exhort, wheedle, reiterate, until they transform inertia into momentum.

2. Someone must be on hand to offer the protection when and where it is needed. All the good-will in the world will not rescue the drowning man. The rescuer must know how to swim, how to break holds, and must have the stamina to bear the victim to shore. In our particular problem, the victim is the girl attracted to spots where soldiers and sailors congregate. Who is better equipped to rescue her than the trained policewoman? And when the victim reaches shore there are the other agencies ready with the restoratives. Translate the metaphor into practical terms. The policewoman, trained in recognizing types and individuals, sees the girl who needs protection. By friendly persuasion where feasible, by restrained use of authority where necessary, the girl is induced to discuss her situation. She may reveal underlying causes, furnish clues as to why she acts as she does. On the basis of this information the policewoman refers the girl to one or another agency, or to a central office where skilled case workers can interview her, counsel her and offer her assistance.

3. Something more conducive to rehabilitation than the common jail, the barred windows of a detention home, the confinement with hardened offenders in a reformatory, must be made available to the girl who has left the highway of convention momentarily to pick a few apples from the forbidden orchard. There are those who call any form of sympathetic treatment of delinquents "pampering." As between pinning the scarlet letter on Hester Prynne or putting her up in a single room at the Ritz until her individual situation could be explored, we may find differences of opinion. Of course, we need not go to either extreme, but we are faced with a practical dilemma. If we want to obtain the voluntary cooperation of the problem girl in a process of rehabilitation, it would be folly to alienate her in the beginning by putting her in surroundings that stamp her as criminal, and then try to convince her we are sincere in believing that she is not at heart very much different from her more conventional sisters. Where the girl has no family to which she can be restored pending case treatment, we ought to have available temporary shelter sufficiently comfortable and attractive to induce her to remain voluntarily for a few days and nights. Such a shelter or space in some hospital should also be available for those girls in the infectious stages of venereal disease where they would be, in effect, isolated until rendered non-infectious.

This, then, is our program in essence: community organization of resources, a chain of protective services starting with police-women and leading to all the varied social, medical and welfare

services, with proper shelters available to house the girls when necessary.

We cannot lay claim to originality here; others have reached the same conclusions before us. Then there is a disarming simplicity about the program. The blue-print looks trim and neat; one wonders why the structure rises so crazily. It is in translating the plan into action that we meet our difficulties. We encounter mutual suspicion among agencies, lack of understanding of what the other fellow does, fear of offending good people with frank discussion of one of the oldest and commonest problems in the world—sex.

What do we do when we encounter these difficulties, alter our program, tear up the blue-print? No. If this workshop has had any value at all it has been in reviewing this program and in reaffirming our belief in its soundness and its ultimate practicality.

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... "The status of crime prevention within our criminal-justice system, and especially the status of preventing first offenders from becoming repeaters, might be compared to the prevention of smallpox in the early 19th Century. At that time we had the scientific data for keeping the disease down to a minimum. We had the serum, we knew how to apply it, *and we knew that it worked*. But only a few specialists were practicing vaccination for smallpox, and we lacked the legal and administrative devices which we have today for applying it to practically the whole child population of the United States.

"Or it is as if we had every workable wheel, piston and gear of a machine—in this case an administrative machine—designed to protect society from the criminal acts of young offenders, but we had never undertaken the job of a 'final assembly.' . . .

"... Until the average young offender is looked upon as a youth in trouble, not a dangerous criminal; until the correctional institution is considered simply as one of the community's agencies offering specialized care for young people, and not as society's last resort for the vicious; until the public accepts the problem of youthful crime as its own responsibility to be dealt with understandingly, and not written off like a bad debt—until that time, I believe the crime toll of the country will increase and society will continue to play a losing game with itself. . . ."

JOHN D. ROCKEFELLER, III  
*in an article, Right Handling Can Reduce Youth Crime,  
in Life Magazine.*

## NOW IS THE TIME TO PREPARE!

### THE NEED FOR SOCIAL HYGIENE EDUCATION IN A LONG RANGE PROGRAM \*

LESTER A. KIRKENDALL

*Head, Division of Educational Guidance, University of Oklahoma,  
Norman, Oklahoma*

A great deal has been said at this conference \* concerning the problem of prostitution and venereal disease control as it affects our armed forces and industrial workers. Much of the discussion has been directed at immediate alleviation of serious conditions. This approach is a necessary one, but at the same time a long-time solution needs to be worked out. The means of control devised through long-term planning will be quite different from the control established when the need is an immediate alleviation of a critical situation. Fundamentally the long-time solution of this problem lies in proper education, and it is that approach toward which I should like to direct our attention.

In 1926, I had the privilege of working as a fireman on a non-union tramp steamer. Here I was for a time associated with a group of men from whom I learned many things not found in sociology textbooks. I found that a good many gambled; some did not. Some drank habitually; others were teetotalers. Some frequently sought prostitutes and other sexual promiscuity; others abstained from such relationships. This last mentioned phase of behavior I have observed for a number of years, and out of such a simple fact as that *not all* soldiers, sailors or industrial workers patronize prostitution or seek sexual promiscuity arises a very interesting question. What is it which keeps some from following this pattern of conduct, while others accept it readily? It seems probable that the difference is in some way induced, since it is generally accepted that for normally healthy men the biological sexual impulses are very similar in most individuals. I believe the difference lies largely in the kind of an education received in home and school and the presence or absence of certain environmental factors during the development of the individual.

\* A talk given at the Southwestern Regional Conference on Social Hygiene in Oklahoma City, February 6, 1942.



During the past twelve years I have had a great deal of experience as a psychological counselor and guidance worker in counseling with young men concerning problems of sex adjustment. While and since writing *Sex Adjustments of Young Men* I have talked with and collected the sexual case histories of a large number of young men. From the study of these case histories I think I have been able to construct a pattern which will help in understanding the background of sex behavior of two groups or types of men—the continent and the promiscuous.

I will discuss first those who, according to commonly accepted standards—standards which in my judgment are psychologically, sociologically, and ethically sound—have made an easy and good adjustment to sex. By making a good adjustment I mean that the youth's attitude is one of objectivity, and freedom from lewdness and embarrassment. He will readily admit his interest in sex, but has come to regard it as a force which has positive, upbuilding potentialities if used properly and under the right circumstances. The well-adjusted individual will then order his conduct so that sex behavior is in harmony with the need for respecting the rights of other individuals, and with sound social conventions. There are more such individuals than we are often led to believe, though not so many as I wish there were.

In the case history of every man who has made such a commendable sexual adjustment, I have been able to discover at least one, usually two, and frequently four of the following factors operating:

(1) *Sex education.* From some source the boy has obtained accurate, adequate information concerning matters of sex and his own sexual development. It is particularly important that this information should be given in a natural, normal way, just as information in regard to sleep, diet or exercise would be given. Sex should be placed in its proper relation to the rest of the phases of living; not distorted nor minimized from the place it actually occupies. I recall in this connection the experience of one young man—who, by the way, believes in and observes social conventions—when as a child he asked his father the difference between men and women. The father explained the entire range of differences, including economic status, position in the family, and in society in general, kind of clothing and hair dress, physical powers, and nature of interests, as well as the physical and anatomical differences.

It is also important that the child should be given the needed knowledge early before he forms an obsession about sexual matters, or comes to think of sex as a mysterious, secret, fascinating, enticing sort of thing about which he must learn if he is to satisfy his curiosity.

(2) *Definite interests* in the field of music, sports, reading, friendships, collections, hobbies, organizational activities, or job activities which keep the youth interested in worth-while constructive enter-

prises. I do not believe these activities function by providing a means of sublimation so that sex drops out of the individual's life. On the contrary, I think that interests such as I have mentioned occupy the boy's time in such a manner that he has no occasion or incentive to go far along the path which will lead to sexual misconduct.

(3) *Good associates.* Friends whose interests are similar enough to make them genuine companions, and whose interest in sex is on a high level and free from obscenity and the desire to exploit others for personal physical satisfaction assist each other greatly.

(4) *Freedom from undue sex stimulation.* Here I have reference to the influence of other unfavorable sources for disseminating information in regard to sex. Many movies, shows, literature, and pictures are designed to excite sexual interests unwholesomely, or to stimulate desires unduly. From such contaminating sources the boy should be free if he is to make the most satisfactory adjustment. Many parents and educators interested in the welfare of young people do not realize the audacity and nefariousness of those who make their living by playing upon sexual interests through these different media of expression.

In *contradistinction* to the well adjusted individuals is the second group in which I have been interested. These include those who have had difficulty in their personal and social adjustment to sex; those who are obsessed with sex desires, who have found no way of securing the help they have needed in their personal adjustment, and those who are promiscuous in their sexual relationships, looking upon sexual expression as a routine physical matter lacking any social implications. In such individuals I believe I have been able to isolate factors which are common either singly or in combination. These factors include the following:

(1) *Misinformation* in most cases leads to sexual experimentation and sexual relationships. Sexual promiscuity, at least in our society, is I think nearly always the result of wrong information. The discussions which often take place between ignorant youths in groups of two or more is a potent form of miseducation. Very few young men experience their first episode of pre-marital sex relations without having the means at hand for taking contraceptive precautions. To me this means that the man was fully aware of what was coming. He had planned his course of action definitely enough that he was prepared for what might eventuate. From my experience in working with boys I believe it possible in most cases to distinguish a pattern of education and personal behavior trending toward promiscuity before the course has actually been set.

(2) *Lack of information* often leads to an undue interest in sexual matters. The individual is intrigued and fascinated with this mysterious force about which everyone is so uncommunicative and so furtive. Living in such an atmosphere for too long a time the individual comes to emphasize sex out of all proportion to its

importance, and psychologically stores up a backlog of intense curiosity and fascination, which in the course of ordinary circumstances is likely never to be wholly cleared away. This very obsession is sometimes the thing, which in his efforts to satisfy it, throws the individual into a course of promiscuity and sexual license.

(3) *The influence of undesirable associates* or the presence of stimulating and exciting forces comprises the third factor which is commonly found with individuals who follow a pattern of promiscuity.

It is this latter group, unfortunately, which patronizes the institution of prostitution.<sup>1</sup> I have also taken two extreme groups for consideration. In actuality there are many from the mass of persons in between these two extremes who also support prostitution through their patronage. They are more likely to do it not as a regular thing, but out of curiosity, and because the general attitude toward such behavior is such as to condone, perhaps even to urge them to such experimentation.

If we consider these and other examples of cause and effect the nature of the social hygiene educational program required becomes readily distinguishable, I believe. I would like to add that the question sometimes raised as to whether we will provide sex education for youth is wholly beside the point. The real question is whether we can begin early enough to circumvent the undesirable forces which miseducate, and provide an education of a type which will later counteract the effects of this word-of-mouth, back-alley kind of education. Any active, alert boy or girl who gets around is certain to come in contact with this latter approach to sex. Few people realize how thorough, wide-spread, and in many cases, well-organized this undesirable type of education is.

A sound social hygiene education program would embody four points. First, it would provide adequate information early enough to enable the individual to understand his own sexual development and to accept it as a natural and normal phase of development. This information should not be provided exclusively for the purpose of deterring the individual from socially undesirable behavior through building up fears. Even if it were advisable to pursue this negative course, we know it will no longer work because knowledge of how to counteract the indicated dangers is too prevalent. Though, of course, youth usually over-estimates the extent to which safeguards can actually operate. While I would be realistic and point out dangers to the degree that they actually exist I would also desire to give strong emphasis to the positive contributions which sex, properly used, can make to complete and satisfactory living.

<sup>1</sup>Of course not all sexual maladjustment is expressed by active patronage of prostitution or promiscuity. Homosexuality, personal obsessions and fetishes of various kinds also may become means of expression.

This points to the second main phase of a program with which education should be concerned; the building of attitudes and a philosophy of life which will support the kind of conduct which society has found to be most advantageous to good social relations. I have not the time to describe the attitudes which I believe should be engendered. I would like to say this, however: I believe that one's sex behavior is an expression of his philosophy of life. If he believes strongly in the importance of respecting the rights of others then this will influence his sexual behavior. Surely many of the things done to satisfy sexual desires, particularly as these satisfactions take their form in prostitution, are a negation of everything that emphasizes personality values and respect for individual rights. Therefore, when a home or a school can build good character through the establishment of desirable attitudes and the development of a sound life philosophy they have contributed that much to the solution of this problem.

A third important phase would be an educational program rich in challenges and opportunities for creative effort. If through such a program individuals could be provided with a range of challenging interests, and with abilities to carry forward these interests, whether vocational or avocational, the problem would under normal conditions, be much alleviated. I add this last qualification because the problem of social protection in wartime is much complicated due to the disruption of the normal tenor of the individual's life, and the resulting feeling of frustration and insecurity. Such conditions will always produce aberrations of behavior. However, even here the wider the resources of the individual the more likely he is to find a way to satisfy his psychological needs within the range of socially acceptable activities.

I repeat that I am thinking of interests and the development of abilities not as a means of sublimating sex so that sex interests or sex desire are non-existent. But everyone is familiar with the individual who gets into trouble with his sexual conduct, not because he is vicious, but because he has nothing else to occupy his time.

Finally, if any kind of a program of social hygiene education is to be carried forward it must be paralleled, if not preceded, by a program of public education to make clear to parents, teachers, school board members and the public in general what is involved and their responsibilities in such a program. The present international emergency offers an opportunity for consolidating forces and advancing a social hygiene program which we have not had for a long time, and which under the circumstances I pray we may not soon have again. The pressure of national defense has revived the interest in health needs and social hygiene, and pointed anew to the need for a program designed to promote a better understanding among youth of the problems of social protection and human relationships. I believe that the situation is now such that we could promote a program which would gain the support of the general public and begin to accomplish something.

Now is the time to prepare for a long-time solution to this problem. We fail to become concerned about prostitution until a time of crisis. Then with no basis of previous education, a general lack of understanding of what is needed, and a set of attitudes already crystallized, repression is about the only means available for meeting the situation. I occasionally hear criticism of groups working at social protection because their approach is too largely repressive. However, I doubt it can be otherwise until an educational program has been in existence for a long enough period to build the necessary concepts and attitudes for a better approach.

I should like to propose that this conference take steps to promote the formation of a social hygiene society in each of the states represented in this conference.\* Such a society, if formed, should have the support of people of influence and ability in the various states. The various occupational and professional fields should be represented, so that all groups may work together. I think such a society should include a division of education designed to help the schools and the educational forces to do something in the way of promoting a positive program. Unless we do this we will perhaps continue to handle the present defense situation after a fashion, only to find in later years in another crisis that the actual problem is then as far from any real solution as it is now.

\* The Oklahoma Social Hygiene Association was organized at the Conference mentioned, and has continued to carry on a state-wide social hygiene program. Everett L. Curtis, 2418 N. W. Guernsey, is secretary. First county group to organize was the Tulsa County Social Hygiene Association, whose secretary is Dr. David V. Hudson, 108 West 6th Street, Tulsa.

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## WHAT SHE THINKS ABOUT IT

FACTS AND OPINIONS FROM 3,300 WISCONSIN HIGH SCHOOL GIRLS

AIMEE ZILLMER AND RUTH LARSEN

*Social Hygiene Lecturers, Wisconsin State Board of Health*

What makes a girl popular? Does your town have enough places for good decent fun? Will you, when you are a mother, answer your children's questions on sex? Can one tell by looking at a person whether he has a sex disease?

Of forty-six Wisconsin towns and cities, totalling a population of 237,861—communities ranging from a rural town with as few as 346 souls to the fourth largest city in the State with a population of 48,765—3,351 high school girls' opinions merge into the picture produced by these and other questions, and which we chose to call *What She Thinks About It*.

Cautiously we call it what she *thinks* about it rather than what she *knows* about it, for in that difference rests our obligation to lead these third and fourth year high school girls from some fallacious ideas and hazardous fads, to established truths and reliable customs. Not that the hazardous fads look hazardous to them, nor are they to *all*! Not that adventure in risk and in the untried is not more thrilling and thus more attractive than the tried and true!

But when, in Wisconsin, we find that leaving the choice of place of fun, companion, hours of amusement, source of sex information to chance, does not guarantee youth the minimum of sex damage, we feel obligated to help them develop better standards of selection. The recently disclosed low rate of syphilis in Wisconsin selectees (Wisconsin rate 6.3 per 1,000 population as compared to the state with the lowest rate, 5.8 per 1,000, compared to the state with the highest rate, 170.1 per 1,000) \* is not just accidental. That

\* *Plain Words About Venereal Diseases*, Parran, Thomas, pages 202-203.

of course concerns only the male, but it reflects the community's attitude on vice, sex, etcetera, and hence the girls' attitude, safety, etcetera.

Because social hygiene talks have been given in Wisconsin high schools since 1918 (more than ninety per cent of the high schools are now reached), because the talks are accepted by parents, faculty, students almost as routine, there is little difficulty, after talks, to get normal questions, discussions, and reactions from boys and girls. Boys and girls are talked to separately by men and women (four) from the Wisconsin State Board of Health, and because this article revolves around the work of the women of the department, it will be limited to comments by girls—girls of the third and fourth year of high school.

We had been feeling that it was getting to be an easy habit for adults to make "snap" judgments about high school girls. These "snap" judgments were not helping parents nor girls, but rather widened the adolescent wedge that naturally develops. For example: "The way high school girls phone boys these days! Really!" Or again: "Really, all high school girls think about is becoming engaged!" Were adults making these statements because they thought them true, because they felt "licked," because they were too lazy sympathetically to guide stubborn youth—or what?

So, for two years, from September 1940 to June 1942 (two full school years), a very simple questionnaire was given to groups of girls who had just listened to social hygiene talks by one of the two women referred to previously. The items on the questionnaire, most of which will hereafter be discussed, were picked, because they reveal What she thinks about it, "she" being 3,351 third and fourth year high school girls in Wisconsin.

To start just anywhere, let us take the two questions proposed as a sample in the preceding paragraph. To the question: "Do you think a girl should phone a boy for a date?" For every one girl who said it was "O.K.," twenty-six to twenty-seven said absolutely "no." So true to form did this answer run, that we were amazed by the similarity of even rural and urban points of view; for in nine small towns producing a total of 367 answers, 354 girls said "no," while in the largest city where 368 questionnaires were collected, 351 girls also said "no" to the matter of "telephoning boys." And as to high school girls believing in high school engagements (an attitude which has no doubt grown in popularity this last war year), five times as many girls said "thumbs down" on high school engagements as said "yes."

Because the writers of this article are attached to a health department, their obligation is naturally to health, though they feel themselves constantly mindful of the fact that "the girl's the thing," and health a factor only. But because of the health slant, let us gather up some of the points of view that gravitate around health, sex and related items.

Much time is spent shuttling the responsibility for sex guidance from home to school, from school to church, from anywhere to nowhere. So we asked: "Did your mother answer most of your sex questions?" "Did your father answer most of your sex questions?" And again, "where or from whom (other than parents) did you receive your present sex knowledge?" And yet again: "Should sex information be taught in school and fitted into some related course?" These questions gave our high school girls a chance to tell what they thought.

And this is what they tell us! Sixty-seven and one half per cent of the girls say "Mother answered most of my sex questions." Father did not do so well, for only five and one half per cent got help from him. That does not surprise us. Father is not lazy; he just isn't around as much. But we are again reminded that fathers are either reticent or slightly opposed to sex talk at home.

On sources of information concerning sex, other than parents, the girls volunteer the following given in the order of frequency:

girl friend	doctor or nurse
books	movie
magazines	church
older sister or aunt	boy friend
school course	

Books and magazines eclipse even the "girl friend." Books, magazines, and movies equal as sources of sex information, girl friend, older sister and aunt. Doctors and nurses are one-fourth as popular or available as sources as the girl friend.

And how do girls feel about sex information integrated into related courses in school? The writers wish to say emphatically that the word "integrated" was explained, as was the probable wisdom of using a different term, (human relations) or tucking it under some accepted and inclusive heading. Also, may we say that where a few questions in the questionnaire were left blank by some, this particular query rated high in answers. The girls "think," ninety-four per cent of them, that sex information should definitely be included somewhere in the high school course.

And, while we are at it, suppose we tell you whom they would go to "If you had a question about the right or the wrong of sex morals." The dean of girls gets the palm! Fifty per cent more would go to her than to mother. The "favorite teacher" is a close second to mothers. Less than three per cent would go to the principal and a shade less than twenty per cent would go to their clergy. This is not recorded by us with any intent to criticize, but it emerged out of the findings with no small surprise to us!

These high school girls feel, without perhaps having thought it out very well, that parental guidance is best. They answer the question, "If and when you have children do you think you will answer their sex questions?" strongly in the affirmative. Of all those handed the questionnaire, ninety-six and one half per cent answered



that question, and of those ninety-five per cent said yes—that they hoped to answer their children's sex questions "if and when."

And to check ourselves of the Wisconsin State Board of Health to see whether we were fulfilling our job obligations in informing youth correctly and understandably on the matter of venereal diseases, we have the following: "Can one tell by looking at a person if he has a sex disease?" Only one and one fourth per cent of the girls said you could. These modern girls showed a much higher rate of correctness than would have been produced in the "good old day" with its disgusting "description of syphilis" to frighten people into being good. And to emphasize the danger of sex contact as a source of infection rather than the rare but formerly much publicized "unsanitary things,"—ninety-four and seven tenths per cent answered that sex contact rather than commonplace contacts (handshake, money, library books, etc.) was the more usual way of contracting syphilis and gonorrhea.

"What should one do if one has a sex disease" is the last in this group of questions on sex. Interestingly enough, all of the girls who answered this question at all (and ninety-two and eight tenths per cent of those who received the questionnaire did answer it), wrote in "go to a doctor." With the social hygiene work done in schools in Wisconsin running over a period of more than twenty years, we might have hoped that one hundred per cent of all reached, not only all who answered, would have said "go to a doctor." But a sample of the answers written in adds light. Without comment, we are setting down some of these miscellaneous remarks: "Don't have children! Cure it, don't marry. Get rid of it if possible. Be careful not to spread it. Be sanitary."

Because "dating" is to youth a manifestation of having arrived at some recognized form of adulthood, or independence, and because we know "play time" can be a cruelly hazardous time, we devoted a good share of the remaining questions to boy-girl relationships. In fact, the questionnaire was so built up, that that was our approach, and we doubt if the girls even guessed our object was prompted by our health job. We intentionally slipped the sex questions in where they seemed natural and unobtrusive.

Some of the answers saddened us! Some braced us! But all the answers, and some needed courage to answer, reveal a craving for help—a craving sometimes hidden behind a stubborn or sophisticated front, or buried even deeper in a timid and puzzled soul. All the answers are clues to adults. That we fail to follow up the clues is evidenced by the sex mistakes of youth. Let there be no mistake in believing that youth makes sex mistakes out of choice. They early learn the brand of public condemnation. But sex mistakes do not come labeled!

It is disheartening when almost seventy-five per cent say their town has not enough places for good, decent fun. And no matter how good movies are, it is regrettable that "movies," an inactive form of

entertainment, rate first of all other kinds of fun, ahead even of dancing and sports. And as to "hobbies,"—they are one-seventh as popular as movies!

Aren't we always hearing that high school girls constantly "chase" with boys? To the question: "Are you one of those girls who hasn't many dates?"—forty-two per cent, or two out of every five girls answer "yes, I'm one of those girls!" Of these, one-third said they really cared. We have a hunch that the others are nice, normal girls who felt "yes," but stubbornly tossed a "no" off the end of their pencil. Half the girls confess they are shy with boys. Half the girls do not get much chance to meet boys. And, bless their hearts, ninety per cent say "So they have fun with girls instead." That's nice and safe, but is it normal and wise for third and fourth year high school girls?

Though thousands of mothers complain that their daughters "won't listen to advice," or are independent, and not "yes ma'am-ing," eighty one per cent of the girls say "yes" to the question "Should parents have something to say about your choice of boy and girl friends." And mothers should be cheered to learn that eighty-five per cent of the girls feel that their mothers make it easy to have fun at home. Sadly enough where the answer was not "yes" or "no," it often was "my mother is dead," "my mother doesn't live with us," or "I don't live with my folks."

And because we believe the best reason for good sex education and sex guidance is happy family life, loving parents, and healthy happy children, we could not resist finishing up with the query: "Which would you rather be: a happily married woman or a woman with a career?" The final vote went to marriage; for every one who wanted a career, four spoke for marriage. Or as one sly minx remarked: "I want both, but time will tell."

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WAVES

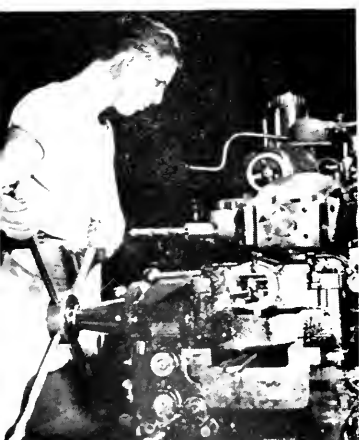


WAAC Sergeant



Mechanic

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Bomber Plant

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YOUTH

These photographs from  
the collection show how the  
production of



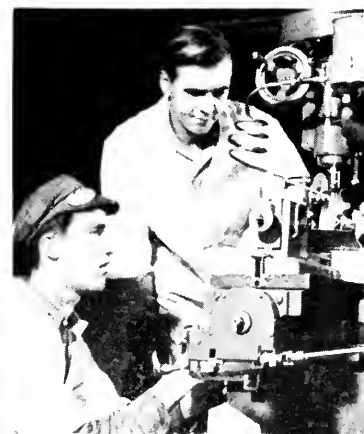
# RTIME

at Youth Administra-  
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se war effort.



Factory Worker

Farmer



"Tumblers" for the Army

Laboratory Technician





# BOYS IN UNIFORM

*Official U. S. Navy Photographs*



## THE NYA HEALTH PROGRAM IN WARTIME

MARIE D. LANE

*Director, Division of Youth Personnel National Youth Administration*

During the current fiscal year, funds for the operation of the National Youth Administration have been made available by the Congress of the United States by an appropriation act to provide employment and work training for unemployed young persons of the ages of 16 to 24, inclusive, on resident and non-resident workshop and other projects. By executive order, the National Youth Administration is now functioning under the direction and supervision of the War Manpower Commission in the Office for Emergency Management of the Executive Office of the President. All projects are approved by the Chairman of the War Manpower Commission, and only such projects as are needed in the prosecution of the war in furnishing work experience and work training preparatory to employment in occupations in which there is a present or potential shortage of labor are being operated. All youth to be eligible for employment on these projects must agree in writing, prior to assignment, to accept employment in industry related to national defense or war production if and when offered in good faith.

Standards for health examinations have therefore been set up in accordance with the intent of the National Youth Administration Appropriation Act, namely, a pre-placement physical examination which will serve as a guide in the placement of NYA, youth for work in defense or war industry and in work that will not aggravate any existing health defects or endanger fellow workers.

With the assistance of local medical associations, nursing associations, dental associations, clinics and other health agencies, each war production training project secures the services of qualified physicians and, where necessary, of nurses and dentists. In some instances, a panel of physicians is set up, and in others an examining physician is employed on a per diem basis. The primary duty of the physician is the administering of the pre-employment health examination. The "Health Examination Record" is the form used to record health examination data at each project. Immediately following the pre-employment physical examination, an analysis of the data on this form is made, since this examination record provides a foundation

for health counseling and referral services. At the resident centers, there is provision for infirmary care for emergency illnesses occurring while the youth is in residence.

At each project there is on the administrative staff a representative of the Division of Youth Personnel. This representative is responsible for directing and supervising the registration, selection, assignment, classification and occupational adjustment of youth employees; for evaluating the progress of youth on projects and for determining their readiness for employment; and for all health activities, including arrangements with public health agencies, clinics, and individual physicians and dentists for the conduct of health examinations. The following specific procedures are in effect:

The Project Youth Personnel Officer schedules pre-placement health examinations and supervises the execution of the health program at the project level. It is his responsibility to make arrangements with clinics, individual physicians and dentists for the conduct of pre-placement health examinations, and to obtain where necessary other consultant services by the utilization of existing state and local facilities, such as public and private health agencies.

The Project Youth Personnel Officer is charged with the responsibility of insuring that pre-placement health examinations are given to all youth employed on the war production training program. Furthermore, as an integral part of the Project Youth Personnel Officer's assignment function, it is his responsibility to recommend to the Project Manager any necessary improvements in the sanitation and general health conditions at resident and non-resident work locations, and, in collaboration with the Project Manager, to assume responsibility for the adequate maintenance of infirmary and sanitary facilities.

In summary, the objectives of the pre-placement health examination and infirmary care program are as follows:

- (1) To provide a standard pre-placement health examination for each youth assigned to a war production training project, which examination shall be for the purposes of determining that the youth will be physically able to participate in the work training program of the National Youth Administration and to accept employment in war industry at the completion of his training.

- (2) To make available health counsel and referral services for assisting youth in the correction of physical conditions which may limit or prevent their employment in war industry, and to utilize all available resources for this purpose if such corrections may be completed during the youth's training period. (The National Youth Administration does not pay for rehabilitation services to prepare youth for placement.)

- (3) To make arrangements with hospitals to care for acute and non-compensable illnesses requiring hospitalization in other than project facilities.



(4) In work locations with a large youth load, to correlate the duties of nurses with first aid and safety functions.

A nationwide survey of youth on the out-of-school program of the National Youth Administration during the years 1941-1942 entitled *The Health Status of NYA Youth* will be released in the near future. This report, which contains detailed statistical data on the health of NYA youth, was prepared jointly by the National Youth Administration and the U. S. Public Health Service, and will be obtainable from the Superintendent of Documents, Washington, D. C.

### NATIONAL VOLUNTARY YOUTH AGENCIES

Since the American Social Hygiene Association was established, the affairs of youth have been one of its chief concerns, and every effort has been made to work particularly with youth and youth-serving agencies and leaders. At present the Association's Youth Service is in direct cooperation with something over a thousand individuals and agencies whose main interest is the health and welfare of young people. A few of the national voluntary organizations are listed below:

- Alpha Epsilon Delta:** National Honorary Pre-medical Fraternity; *National Secretary*, Maurice L. Moore, Medical-research Division, Sharp and Dohme, Glenside, Pennsylvania.
- American Student Health Association:** *Secretary-Treasurer*, Ralph I. Cannteson, M.D., University of Kansas, Lawrence, Kansas.
- American Youth Commission:** *Director*, Floyd W. Reeves, 744 Jackson Place, Washington, D. C.
- Association of the Junior Leagues of America, Inc.:** *Executive Secretary*, Mrs. DeForest Van Slyck, the Waldorf-Astoria, New York, N. Y., *President*, Mrs. Linville K. Martin, Winston-Salem, North Carolina; *Secretary*, Mrs. C. H. A. Armstrong, Toronto, Canada.
- Boys' Clubs of America:** *Executive Director*, David W. Armstrong, 381 Fourth Ave., New York, N. Y.
- Boy Scouts of America:** *Chief Scout Executive*, James E. West, 2 Park Ave., New York, N. Y.
- Camp Fire Girls:** *Section and National Executive*, Lester F. Scott, 88 Lexington Ave., New York, N. Y.
- Girl Scouts, Inc.:** *National Director*, Mrs. Paul Rittenhouse, 14 West 49th St., New York, N. Y.
- National Committee on Boys' and Girls' Club Work, Inc.:** *Managing Director*, G. L. Noble, Auditorium Tower, 56 East Congress St., Chicago, Ill.
- National Council of Jewish Juniors:** 1819 Broadway, New York, N. Y.
- National Girls' Work Council:** *Chairman*, Elizabeth Nye, 610 Lexington Ave., New York, N. Y.
- National Student Federation:** *President*, Mary Jeanne McKay, 1410 H Street, N.W., Washington, D. C.
- National Student Health Association:** Paul B. Cornely, M.D., Howard University, Washington, D. C.
- United Service Organizations:** *Secretary*, K. Kenneth-Smith, Empire State Bldg., New York, N. Y.
- United States Junior Chamber of Commerce:** *Executive Vice-president*, Douglas H. Timmerman, La Salle Hotel, Chicago, Ill.
- Young Men's Christian Associations, National Council of:** *General Secretary*, Eugene E. Barnett, 347 Madison Ave., New York, N. Y.
- Young Women's Christian Associations, National Board of:** *General Secretary*, Emma P. Hirth; *Health Education Secretary*, Edith M. Gates, 600 Lexington Ave., New York, N. Y.

## STRAIGHT TALK

### FROM ONE WARTIME GENERATION TO ANOTHER

EDITOR'S NOTE: Though many changes have occurred in the twenty-five years since the First World War, some things remain as they were. Among these is the concern of the older generation, especially of the men and women who saw service with the armed forces in 1917, that the younger generation now taking on the fighting job, whether in Army, Navy or war industry, shall understand how to get that job done quickly and well, and without damage to themselves, either physically or morally. Lynn U. Stambaugh, National Commander, American Legion, expresses the idea in a foreword to *Fall In*, the Legion's handy booklet for young men entering service: . . . "it is our desire . . . in offering you this information culled from our own memorable experiences . . . to attempt to make your road just a little smoother, your great task a little easier, and above all to make the success of your accomplishment secure." . . . The same thought is behind the War Department's pamphlet *The Army and You*, the leaflets on *Sex Hygiene and Venereal Diseases* given by both Army and Navy to recruits, and the ASHA leaflets *So Long Boys—Take Care of Yourself*, *Vital to Victory* and *Calling All Women*, of which millions of copies have been distributed in the past two years.

The JOURNAL reprints here, with permission of the respective authors and editors, three forceful illustrations of this effort to make the knowledge and experience of another wartime generation serve today. Aside from the good effect of such "straight talk" on those who will listen, it is of special interest and encouragement to social hygiene workers as indicating citizen support of social hygiene objectives and principles.

*The Bright Shield of Continnence*, by Commander Gene Tunney, U. S. Naval Reserve, was first published for the five million readers of *The Reader's Digest* (August, 1942) and has continued to be distributed in reprint form. *A Father's Farewell to His Soldier Son*, by W. Henson Purcell, managing editor of the *Daily American*, West Frankfort, Illinois, was first published in that newspaper and has been reprinted in numerous other papers and bulletins. *To All Women and Girls*, by Edith Livingston Smith, was widely distributed in extra cantonment areas during the First World War and is now being reprinted by the American Social Hygiene Association in response to many demands.

## THE BRIGHT SHIELD OF CONTINENCE

COMMANDER GENE TUNNEY

*United States Naval Reserve*

The AEF of 1917 suffered 100,000 more casualties from venereal disease than from enemy bullets. Today, in the camps where American manpower is being mobilized, syphilis and gonorrhea again threaten to impair the efficiency of our armed forces. Alarmed, medical authorities of the army and navy are laboring to check the plague with the preventive and curative methods of modern science. Yet they agree that the best solution of the venereal problem is not medical, but moral. *Sexual continence is the strongest weapon yet devised to combat venereal infection.*

The battle against syphilis and gonorrhea is distinctly worth winning, both for the individual soldier and the nation he serves. Syphilis can shatter body and mind—causing ulcers of the flesh, ulcers of the bone, ruptured blood vessels, doddering paralysis and progressive insanity. Gonorrhea, the great crippler, attacks the joints, causing inflammation, arthritis, invalidism. The germs may be carried to the heart, inflaming the cardiac lining and bringing on heart trouble, collapse and death.

Until the outbreak of the present war, medical science was winning the battle against these ancient plagues. New treatments were curing syphilis, making it rapidly noninfectious, incapable of spreading. The newly-discovered sulfa drugs were almost miraculous cures for gonorrhea. So bright was the prospect, that in the normal course of American life venereal disease would have been virtually eliminated within a few decades.

But with the coming of war the picture changed swiftly. While Selective Service mobilized great masses of men, commercialized vice mobilized a counter-army of prostitutes who flocked to the vicinities of military camps. The trend of progress against venereal disease was halted—then reversed, as more and more men fell victim to the spirochete and gonococcus. The venereal rate among draftees as they were inducted was practically zero, since draft boards weeded out infected men. Yet, within a year or so, 40 in every thousand had gonorrhea, and 11 had syphilis. At present venereal disease is responsible for more hours lost from army duty than any other illness.

Authorities are doing their best to check these ravages, but the plague spots around military camps multiply faster than they can be wiped out. Motorized brothels transport prostitutes from one camp to another; hundreds of girls are shipped like cattle by vice syndicates. In juke-box joints and red-light districts, the cheapest and most diseased classes of harlots ply their trade. If these places are raided, the girls are whisked away to other camps, or engage in furtive streetwalking.

That these prostitutes are packages of transmissible disease is revealed by statistics: out of every 1000, 500 have gonorrhea and 360 are infected with syphilis. Out of 20 recently arrested in one house (all with medical certificates stating that they were free from disease), 18 had syphilis or gonorrhea, or both. Tally cards, seized as evidence, showed how much these prostitutes had earned in one day; three cards showed 49, 37 and 28 customers respectively. The three prostitutes holding these cards responded 4-plus to Wassermann tests.

One can imagine what happened to the 114 service men who visited them that day! Lulled into a sense of false security by the "medical certificate," the men probably failed to report for prophylactic treatment and may now be disabled by syphilis.

The grim truth is that these certificates mean nothing. Evidences of infection in women are usually discernible only by a much more thorough examination than is ever given in red-light districts. Furthermore, an undiseased prostitute may become infected 20 minutes after receiving a certificate.

So it's really up to the individual soldier or sailor to be the guardian of his own safety. A former comrade of mine in the Marine Corps put it this way: "If you don't touch them, they can't burn you." And don't make the error of thinking that only professionals are infected. Easy pick-ups, too, are likely to have venereal disease.

In a realistic attempt to stamp out venereal disease, the medical authorities of the armed services see that the men are taught to use prophylactic medication. They are urged to procure prophylactic sets when going on leave. If they visit a prostitute, their orders are to return to camp at once and report for prophylactic treatment. Theoretically this system should be nearly 100 per cent preventive. But many men simply don't bother with prophylactics—stupidly, they "take a chance." Others, equally foolish, become diseased because of delay.

For the longer the interval between exposure and medication, the greater the risk of developing venereal disease; if two hours intervene, the risk is seven times greater than after one hour; after five hours it is 18 times as great. Men are taught this, yet some will put off the drab chore of medication. Usually alcohol is to blame. It casts a false glow over the senses and leads men to postpone prophylactic treatment until too late.

Since closing the houses of prostitution and issuing prophylactics are about all the military authorities can do—and *are relatively ineffective*—each service man himself ought to take responsibility for his fitness. He should, for the duration, set his face against the temptation of the too costly "good time." And it is here that strength of character and will power are called for. Our fighting men can exempt themselves from the horrors of venereal disease, and increase the efficiency of our armed forces, if they will display the moral courage that underlies the practice of continence.

Is this too much to ask in our national crisis? Ordinary athletes—all who engage in sports whether amateur or professional—realize the importance of continence if they are to keep at the peak of physical form. The average professional boxer, certainly no loftier in character than the average service man, practices continence. Not from exceptional idealism; he simply wants to win fights and nab the big end of the purse. Can our sailors and soldiers, as the champions of democracy, afford to indulge in sexual promiscuities scorned by most prize fighters? Dare they forget that in the first World War seven million days of service were lost to the U. S. Army as the result of venereal infections?

Does all this sound goody-goody, unrealistic? It wouldn't seem so if you could walk through army and navy hospitals where thousands of young men lie disabled as a result of a few moments' dubious pleasure. Unquestionably these men would have displayed character and bravery under fire. But in an unguarded hour of weakness they succumbed to a more insidious enemy. They have learned too late that no single contribution means more in terms of individual health and military efficiency than moral bravery when confronted by the rouged challenge of venereal danger.

The problem is to some extent one of mental attitude. It's traditional—part of the "you're-in-the-army-now" school of thought—that soldiers and sailors on leave turn necessarily to liquor and women. Many a boy goes along hesitant and worried, yielding to what amounts to a social persuasion. If this idea were changed, if continence became a code of the services as it is in athletics, more service men would tend to accept it.

There is also a widespread opinion that the indulgence is physically necessary. But this is false. Back in 1917 the General Medical Board of the Council of National Defense declared that sexual continence, the best preventive of venereal disease, was compatible with sound health. The American Medical Association endorsed this statement. As a matter of fact, some of the greatest contributions to our civilization have been made by men who practiced continence as a way of living.

Continence is not an easy victory. Men don't get medals for practicing it. Yet the victory must be won by our soldiers and sailors, even though their biologic impulses are heightened by the life-and-death nature of their mission. These men are far from home, unable to find consolation for the sexual longing normal to adult males. Temptations to satisfy the deepest of human hungers in cheap and momentary satisfactions are constant and seemingly attractive. But no man should deceive himself by imagining that he will find consolation, or anything approaching it, in the arms of a prostitute who has already been handled by 30 or 40 men that day.

What does the brothel patron *get* that is one-thousandth part as precious as the thing he *destroys*? Any man above the emotional level of a tomeat must realize that the professional's embrace is not

only a menace to health but a shameful desecration of ideal love. It cannot create (indeed, it endangers) the structure of mutual affection and shared happiness that the sex relationship builds for its faithful celebrants.

Even if prostitutes were not diseased; even if medical science could cure syphilis and gonorrhea in a single day, I would still say to the members of America's armed forces: "Continence is the only guarantee of an undefiled spirit and the best protection against the promiscuity that cheapens and finally kills the power to love."

Lest his body be contaminated and his emotions fouled, the fighting man must bid a long farewell to catch-as-catch-can pleasures with diseased women. Only by strict continence, only by individually renouncing as unworthy and dangerous all invitations to the hired embrace, can the soldiers and sailors of the United States whip venereal disease and keep themselves wholly fit for their duties.

## A FATHER'S FAREWELL TO HIS SOLDIER SON

EDITOR GIVES KHAKI BIBLE AND ARMY BOOK TO BOY BORN  
WHEN HE HIMSELF DRILLED FOR ACTION IN WORLD WAR I

W. HENSON PURCELL

*Managing Editor of the Daily American, West Frankfort, Illinois*

("Bill" is William H. Purcell, Jr., son of the author)

Well, Bill, your number is up. You are going to the army. There is a job of serious, nasty, and uncivilized business to be taken care of and you have been assigned a part in it.

The task is unpleasant, repulsive. The assignment is different to anything that you had planned. Yet it is a privilege as well as a responsibility. For only Americans—the finest of the nation's manhood—are eligible to march with Uncle Sam's armed citizenry and to participate in this grim game of war.

There is, now, but one thing to do. Make the most of it. Be a soldier in every sense of the word.

I told you, as a little curly headed boy, when you started to school, that I wanted you to endeavor always to be the best in your classes. I had no idea that you would achieve that distinction. I had not been that caliber of student before you. But that kind of aiming never has a bad effect on the score.

Then, when you grew up and were thinking of your first job, I told you that, even though you were employed at nothing more important than ditch-digging, I wanted you to try to be the best ditch-digger on the job. I had no idea that you would achieve such top-rank standing in your chosen vocation. I had not. But ambition and the will to get ahead never kept anybody down.

Now, as you march with millions of other sons from millions of other American homes, I want you to put all that you have into this business of soldiering. It matters not whether you ever wear bars or stars if you are man enough to be a good soldier. And being a good soldier means more than drilling and marching and fighting—and dying.

It means living—in a man's world—as a man should live.

There is an inclination on the part of too many men, once they are in the army—away from the influences of home and family and reputation—to cut loose, go the gait. There is in the army, as in civilian life, every social stratum. Every man is on his own. The choice is yours.

Men, like water, ultimately seek their own level—in the army as elsewhere. Don't lower your standards, Bill.

Then, there is the matter of soldiering. The fellows who have difficulty with army life are those who refuse to adjust themselves to the rigid discipline that, although quite stern and harsh, is as necessary as are guns and tanks and planes. The "yes, Sir" men are those who get along in the army.

To attempt to buck the game is folly. The army is bigger than any man in it. Failure to become a working part of it is the worst mistake any soldier can make. Army life is not easy. To cultivate a mental feeling of resentment and self pity can only make it more difficult. That is true of any station in life.

So, I hope, Bill, that you will be able to accept your lot in this grim business as just another chapter in life's exacting school of experience and endeavor to get out of it something worth while; something that will help in the years ahead.

You can always find that something if you search diligently for it. Never cease searching.

I am saying these things to you—not because you are different from the millions of other young men who have gone and are going out to engage in this world contest in death—but because you are of my own flesh and blood.

Because, man though you are, you will ever be that little boy of mine.

The uniform that will shortly be issued to you stands for the high and noble principles upon which this nation was founded and has since existed—principles that, to much of the rest of the world, are unknown. It stands for freedom among men and nations; the right to live and the will to let live. It stands for humanity, civilization, Christianity.

It has never gone to war except in defense of the principles for which it stands. It has never gone on a rampage of conquest of oppression. That uniform, Bill, is the hope of Old Glory and 130,000,000 Americans. It is the hope of civilization. Wear it proudly.

I remember well that day, almost 24 years ago, when, while sitting in a lecture period at Camp Gordon, I was handed a telegram that announced that you had made me a father. I was the soldier, then. You were the war baby.

I remember the day, four months later, when I gazed for the first time upon your face. I remember every day of your life since that time. I shall watch—and pray—every anxious day for your safe return.

When you have a son of your own some day, as I hope you shall, you will know what I mean. I hope your going to the army will be more successful in freeing your sons from the scourge of war than mine was for you.

There are two things that I want to give you, Bill, as you go to join other fathers' sons in this business of killing, from which God alone knows whether you will return.

Both went with me into the army twenty-five years ago.

One is a khaki-covered textbook on military methods and soldiery. Peruse its pages and endeavor to master the art of being a good soldier. It may not bring you promotions and high honors for there are in the army, after all, more mere men than anything else. But it will bring to you the satisfaction of doing well whatever you do. It will help you to learn more quickly what is expected of a good soldier.

The other, also khaki-covered, is a Bible. Don't feel that to take it is being sissy. There will no doubt be times when just to hold it in your hand will bring a mysterious comfort. I confess that I read it but little while I was in uniform. Yet there were times when its nearness—the knowledge that it had stood the test of all time and countless other wars—seemed to sort of satisfy my longing for you and Mom—lull my homesickness for all the peaceful ways of life that had been disrupted by war.

Take them Bill, and use them. Make the most of the army and come back a better man than when you left. There is, you know, a personal as well as a national victory to be won.

It seems a bit silly, doesn't it, to send you away with a gun in one hand and a Bible in the other? The gun to kill. The Bible: "*Thou shalt not . . .*" There is no explanation except that the gun appears for the present to be necessary to our national security. The Bible has ever been our hope of eternal security.

Learn to use the gun, Bill, but rely, finally, upon the Bible.

And may the Good Lord—although I confess it is a big assignment—watch over and keep you, and those who go with you as the guardians of American freedom, until the day—and may He speed the day—when we shall thank God for peace and a safe homecoming.

So long, Bill.



## TO ALL WOMEN AND GIRLS

EDITH LIVINGSTON SMITH

We are a nation at war.

The country demands of every woman as well as of every man a personal pledge of loyalty.

We women have already been taught many ways in which we can serve our country. One most important thing we can do is to help the men to be good soldiers.

We can help the national honor by conducting ourselves in a way that all will respect.

Every woman who *cheerfully* sends husband, son, or lover to the front is making it easier for him to look ahead and not behind him.

Wherever military camps are pitched, women's love and thoughtfulness go with the men. This is right.

Wherever military camps are pitched, immoral women and thoughtless girls congregate outside the camp lines. This is wrong.

Thousands of soldiers have been made unfit for service because of venereal diseases contracted from women.

Some women who will read these words do not know this fact and do not want to know it. For the good of the country all women should know it.

Intelligent women can protect the young girls who follow the troops and can save them from temptation and the country from the burden of illegitimate war babies.

It has been the fashion to blame the men alone for the immoral conditions which exist outside of army camps.

Women are equally responsible.

Other women—"sporting women" or prostitutes, who seek to tempt the soldiers may read these words:

Help the soldiers by keeping away from them.

If any woman is the means of making a man unfit to do his duty as a soldier she is a traitor to her country.

The nation asks for the strength and courage of every man—for the help of every woman.

All must work together; the men for the women, the women for the men, and all for the country.

## FROM THE FIRST WORLD WAR SCRAPBOOK

Veterans of the "home front" battle waged against syphilis and gonorrhea in 1917-18, as well as veterans of the fighting forces, will recall many other illustrations of "straight talk" addressed to young men and women of those days. Below are listed a few examples, culled from the war records of the American Social Hygiene Association. Most of these materials were prepared under the supervision of the Association, with the approval of the Surgeons General of the Army and the Navy, and in collaboration with the then newly established Division of Venereal Diseases of the United States Public Health Service. Distribution was through the War and Navy Departments of Training Camp Activities, the State and city Departments of Health, the social hygiene societies and other voluntary agencies. All of the materials were planned and executed by the best talent obtainable at the time. It must be a satisfaction to the scientists and educators as well as the professional writers, and artists who contributed to these publications, to know that many of them are little "dated" after twenty-five years. The variety of presentation for the different groups and the soundness and directness of approach make this material of current value in the preparation of today's publications for similar purposes. They may be found in many libraries which have back files of the JOURNAL OF SOCIAL HYGIENE, or which maintain pamphlet collections.

### Pamphlets and Leaflets

**For Young Men About to Enter the Army and Navy**  
*You Have Come Clean—Keep Clean*

**For Young Men in the Army**  
*Keeping Fit to Fight*  
*Carry On*

**For Young Men in the AEF After the Armistice**  
*AEF, The World's Watching You*  
*Your One Big Battle*  
*When You Go Home*  
*Back in the Good Old U.S.A.*

**For Young Men in the Navy**  
*Live Straight If You Would Shoot Straight*  
*Shore Leave*  
*Give Yourself a Square Deal*  
*The Rookie Puts One Over on the Old Shellback*

**For Young Men in Civilian Life**  
*Your Job and Your Future*  
*Keep in Fighting Trim*

**For Girls and Women**  
*For Girls*  
*To Girls in Wartime*  
*The Girl's Part.* Dr. Mabel S. Ulrich  
*Mothers of America.* Dr. Ulrich  
*For a New World*  
*The Nation's Call to Young Women.* Mrs. Woodallen Chapman  
*Your Country Needs You.* *A Talk with Girls.* Mrs. Chapman  
*Women's Share in a National Service*  
*Girls, a Home Guard*  
*The Soldier, Uncle Sam and You*  
*Heroines of Health*

## EDITORIALS

## WHO IS "DELINQUENT?"

"Delinquency Rise Among Girls Told" . . . "Teen Age Girl Offers Biggest Moral Problem"—"American youth is on a lawless rampage—" "Juvenile delinquency is presenting a serious and growing problem in this country"—these are some of the newspaper headlines and leading paragraphs of feature stories which have been printed across the country recently. The nation seems suddenly aware of a new problem and ill-prepared to meet it.

War is chiefly to blame, it is generally said. *Life* magazine, in a thoughtful article describing efforts of Toledo's Juvenile Court to combat youthful crime, sums up the situation clearly and briefly:

"Though the basic reasons for delinquency (broken homes, extreme poverty, incompetent or depraved parents) still exist, war is directly responsible for the boom in badness. When fathers go to war and mothers go to work, children seek companionship and amusement in pool rooms, poorly policed parks and areaways where crime breeds freely. War's sanction of violence and hatred makes children feel that it's smart to be immoral. Since war panics most communities into concentrating on air-raid wardens and bomb shelters at the expense of schools and welfare agencies, children get less attention at a time when they need more."

The "social dislocation" which invariably accompanies any national emergency, without doubt strongly affects this situation. We realize anew that "modern, total warfare spares no one—men, women and children alike are its victims"—and in many ways.

But the whole blame cannot be fairly laid on wartime conditions. Before war came many children and adolescents fell afoul of the laws and the mores, and the communities in which some of them lived seemed almost as helpless in the face of the lesser problems of normal times as now when they are confronted with the greater difficulties of today. Indeed, that the young people concerned in these difficulties should be labeled "delinquent" shows how far short we, their elders, come of realizing our own responsibility, for the first definition of the word is "neglectful of or failing in duty or obliga-

tion," which surely implies a degree of understanding and experience to be expected of grown-ups rather than of 'teen-agers. If they are delinquent, are we not still more so, when we fail to safeguard family life or to insist on wholesome community environment for our young people to grow up in?

It is not important to settle the question of who or what is most to blame for the disturbing situation reported. It is important for all concerned, in every community, parents, health and welfare workers and officials, to know the facts about conditions affecting children and young people in that community, and what needs to be done to make them delinquency-proof.

Knowledge plus action is a sure-fire formula.

#### "THE BUSINESS OF YOUTH" IN WARTIME

Another topic concerning which much is being said and written at present is that of "war marriages."\* A good many young men and women seem to be getting married on shorter acquaintance than usually precedes matrimony, particularly if the bridegroom is in uniform, and perhaps slated for overseas duty. Other young people who planned to get married later on decide not to wait, even though plans for adequate financial support and other practical details are not fully worked out. Young folks, and some more mature, who had side-tracked marriage in favor of a career, on the theory that "he travels fastest who travels alone," suddenly find that the two projects can well be combined.

Parents and friends of the "contracting parties" and others who have the best interests of young people and their futures at heart are naturally anxious that these marriages shall be happy, successful and permanent. They will do all they can to help, in any way they can.

Meanwhile, if the tempo of marriage preliminaries in some cases seems accelerated to a speed threatening a crash later on, it may help those elders who worry to remember Jane Addams' sage remark "The business of youth is mating" and that one of the very few cheering things about war is that it booms business.

\* See page 495 for list of recent articles and discussions.

## NATIONAL EVENTS

**ASHA Thirtieth Annual Meeting.**—Thirty years ago, come 1943, the American Social Hygiene Association was organized (through a merger of the American Federation for Sex Hygiene and the National Vigilance Association) at a meeting in Buffalo, New York. The Board of Directors has accepted an invitation to celebrate the Association's coming anniversary in the city of its birth, and plans are on foot for an anniversary dinner meeting on the evening of February 1, 1943, at the Hotel Statler in Buffalo.

Host to the anniversary meeting will be the Buffalo Council of Social Agencies and the Buffalo Committee on Social Hygiene Day, of which Mr. Lewis G. Harriman is serving as chairman, with Dr. Earl D. Osborne and Mrs. Thomas B. Lockwood as vice-chairmen, and a membership of around 30 Buffalonians prominent in health, welfare and community affairs. The Committee will also act as chief local sponsor for an all-day regional conference on Tuesday, February 2.

The ASHA Annual Business Meeting will be held in New York City on February 3rd.

**Social Hygiene Day—1943.**—The Buffalo meeting is only one of a long list of important conferences and meetings which will mark the celebration of Social Hygiene Day throughout the country. New York City will hold its usual large meeting, with several interesting sessions conferring simultaneously both morning and afternoon, and with a large gathering at luncheon. Other all-day conferences in process of planning have already been reported from Washington, D. C.; Atlanta, Georgia; Seattle, Washington; Omaha, Nebraska; and other points. Watch the JOURNAL OF SOCIAL HYGIENE and the SOCIAL HYGIENE NEWS for program details, and plan to attend the meeting which best meets your needs.

Joining in national sponsorship of these events will be the United State Public Health Service and the Social Protection Section of the Office of Defense Health and Welfare Services, and other official and voluntary agencies. In addition to speakers from these organizations representatives of Army and Navy are scheduled to speak at a number of the meetings.

**St. Louis Meetings Successful.**—An audience of five hundred attended the community meeting on *Venereal Disease Prevention in Wartime* held at the Hotel Jefferson on the evening of Sunday, October 25, in advance of the 71st Annual Meeting of the American Public Health Association, and sponsored locally by the Missouri Social Hygiene Association and 44 St. Louis health and welfare agencies. The program announced in the October JOURNAL was carried out, with Dr. Richard S. Weiss, MSHA President, presiding, and Lt. Col. Thomas B. Turner, Chief, Venereal Disease Branch,

Division of Preventive Medicine, U. S. War Department, Dr. Malcolm Merrill, Chief, Bureau of Venereal Diseases, California Department of Public Health, and Lieutenant Commander J. E. Meyer, U. S. Navy, Corpus Christi, as the main speakers. Lieutenant Commander Meyer made a much appreciated emergency substitution for Captain Charles S. Stephenson of Washington, who had been summoned overseas. Discussion, led by Dr. Rogers Deakin, MSHA, first vice-president, was lively. Participants included Dr. Joseph F. Bredeck, St. Louis Health Commissioner, Dr. Harriet S. Cory, MSHA Executive Director, (to whom with Dr. Weiss, much credit for the meeting's success is due) Dr. Edgar B. Johnwick, Assistant Director, Division of Venereal Disease Control, Missouri State Board of Health, Dr. E. G. McGavran, Health Commissioner for St. Louis County, and Dr. R. R. Wolcott, USPHS Venereal Disease Coordinator for the St. Louis area. Dr. Walter Clarke, ASHA Executive Director, was called to the platform and spoke briefly.

Dr. Clarke was also a speaker on the panel on National War Programs (Monday evening, October 26) in the APHA Health Education Institute, and served as consultant at the ASHA booth in the APHA Scientific Exhibit.

Miss Jean B. Pinney, ASHA Associate Director in Charge of the Washington Liaison Office also participated in the St. Louis meetings, including acting as reporter for the Session on Public Relations of the Health Education Institute, and speaking before the annual dinner meeting of the Association of Women in Public Health on Monday evening, October 26th.

The ASHA scientific exhibit on *Lymphogranuloma Venereum*, *Granuloma Inguinale* and *Chancroid*, a series of photographs and text describing manifestations of these minor venereal diseases, plus comment slides shown through an Electroslide and microscopes, attracted much attention. In addition to ASHA graphic material and literature included in the Health Education Center display, a large relief map of the United States, in oil colors, and illustrating social hygiene laws, statistics and other details by states was an interesting feature. The map was the work of Hazel Viola Smith of Kalamazoo, Michigan, who made it available to the ASHA for showing on this occasion.

Many old and new friends attended the meetings or stopped by the ASHA booth for greetings or to talk over matters of mutual concern. Among them:

Lawrence Arnstein, Executive Secretary, California Social Hygiene Association; Dr. Adolph P. Weinzirl (and Mrs. Weinzirl) and Mrs. George Moorehead, Director and Field Secretary respectively of the University of Oregon Division of Social Hygiene Education; Dr. D. V. Galloway, Director of Health Education for the Mississippi State Board of Health; Dr. Carl F. Wilzbach, Health Officer of Cincinnati; Philip S. Platt, formerly Director of Palama Settlement, Honolulu, and now assisting Selskar Gunn in the National Health Council study of voluntary agencies; Mrs. F. H. Ream, Executive Secretary of the Kansas City Social Hygiene Society; Dr. C. O. Eddy of Baton Rouge, Louisiana; Prof. Edgar F. Van Buskirk of Stephens College, Columbia, Missouri; Miss Eileen McGrath, formerly of the ASHA staff and now Representative for Region II, Social Protection Section, ODHWS; Major James H. Gordon, (MC) U. S. A., Venereal

Disease Control Officer for the Seventh Service Command, Omaha; Dr. Bascom Johnson, Jr., USPHS Representative at El Paso, Texas, (who gave an outstanding paper before the APHA Epidemiology Section, morning session October 27 on *Prostitution in the Spread of Venereal Diseases in an Army Cantonment Area*), and many others.

Though travel conditions were difficult and health workers busy, attendance at the APHA Annual Meeting, which continued until Friday, October 30, as usual numbered several thousand persons.

**USPHS Conference at Hot Springs Marks a Milestone.**—As announced in the October JOURNAL, a national conference on *Venereal Disease Control Needs in Wartime*, called by the United States Public Health Service, was held at the Arlington Hotel, Hot Springs, Arkansas, October 21-24, together with the eighth annual meeting of the American Neisserian Medical Society. Over 500 health officers, physicians, social hygiene workers and health educators took part in the discussions which followed a notable series of programmed addresses by outstanding authorities on venereal disease work.

Surgeon General Thomas Parran, who presided throughout the Conference, reminded those present that the Conference on Venereal Disease Control Work which occurred in December, 1936, in Washington, was the first step in a new drive against syphilis and gonorrhea in which the united effort of all concerned has resulted in great gains against these diseases, and stated his belief that the present gathering may mark a milestone on the road to solving the enormous social hygiene problems brought about by wartime conditions.

In addition to the session on *Technics of Venereal Disease Education* mentioned in the October JOURNAL, the following three day program was carried out:

#### October 22, 10 A.M.—Session I

##### Venereal Disease Control Measures Influencing the War Effort

*Welcome Address*—Surgeon General Thomas Parran

*Rehabilitation of Selectees with Syphilis and Gonorrhea*—Lt. Col. Richard H. Eanes, Assistant Director, Medical Division, Selective Service System

*Present Venereal Disease and Prostitution Problems as They Relate to the Army*—Lt. Col. T. B. Turner, Director, Venereal Disease Control Division, Preventive Medicine Service, United States Army

*Present Venereal Disease and Prostitution Problems as They Relate to the Navy*—Lieutenant George Mast, Division of Preventive Medicine, Bureau of Medicine and Surgery, United States Navy

*The Contribution to the War Effort of the Subcommittee on Venereal Diseases, National Research Council*—Dr. J. E. Moore, Baltimore, Md.

*Private Physician Support of the Wartime Venereal Disease Control Program*—Dr. John H. Musser, New Orleans, La.

#### October 22, 2 P.M.—Session II

##### The Epidemiology of Syphilis and Gonorrhea—1942

*The Epidemiology of Gonorrhea as a Stimulus to Prostitution Repression*—Dr. Donald H. Williams, Medical Director, Division of Venereal Disease Control, Provincial Board of Health, Vancouver, B. C.

*Improvement of Present Methods for Extra Familial Contact Tracing*—Miss Mary A. Burke, Consultant in Social Hygiene Nursing, Detroit Department of Health

*Difficulties in Case Holding of Selectees Infected with Syphilis*—Dr. G. Foard McGinnes, Director, Division of Venereal Disease Control, Tennessee State Department of Health

*Defects in the Present Follow-up Program*—Lida J. Usilton, Principal Statistician, Division of Venereal Diseases, U. S. Public Health Service

*The Male Investigator in Venereal Disease Control Follow-up*—Dr. Malcolm H. Merrill, Chief, Bureau of Venereal Diseases, California Department of Public Health

#### October 23, 9:30 A.M.—Session III

##### Eighth Annual Meeting, American Neisserian Medical Society

*The Control of Venereal Disease Among Industrial Workers*—Surgeon Otis L. Anderson, Assistant Chief, Division of Venereal Diseases, U. S. Public Health Service

*Organization and Management of Clinics in a State Gonorrhea Control Program*—Dr. F. W. Caudill and Dr. R. E. Teague, Kentucky State Department of Health

*Gonococcal Culture Methods*—Dr. Charles M. Carpenter, School of Medicine, University of Rochester

*Management of Gonorrhea in the Male*—Dr. P. S. Pelouze, University of Pennsylvania, Philadelphia

*Management of Gonorrhea in the Female*—Dr. Robert M. Lewis, Yale University School of Medicine

*Hyperpyrexia in Chemoresistant Gonorrhea*—Dr. Stafford L. Warren, School of Medicine, University of Rochester

*General discussion of the above panel led by* Dr. Nels A. Nelson, Director, Division of Venereal Disease Control, Maryland Department of Health, and Dr. Adolph Jacoby, New York City Health Department

#### October 23, 2 P.M.—Session IV

##### Eighth Annual Meeting, American Neisserian Medical Society

*Gonococcus Cultures as a Public Health Service—A Preliminary Report*—Captain Daniel Bergsma, Venereal Disease Control Officer, Headquarters, First Army, Governor's Island, N. Y.

*President's Address*—Assistant Surgeon General R. A. Vonderlehr, Division of Venereal Diseases, U. S. Public Health Service

*Gonorrhea from the Standpoint of the Army*—Captain Ernest B. Howard, Venereal Disease Control Officer, Fourth Army Corps Area, Atlanta, Ga.

*Gonorrhea from the Standpoint of the Navy*—Captain C. S. Stephenson, In Charge, Division of Preventive Medicine, Bureau of Medicine and Surgery, United States Navy

*Résumé of the Year's Research in Gonorrhea*—Dr. Alfred Cohn, Department of Health, New York City

*The Role of Organized Medicine in the Control of Gonorrhea*—Dr. Robert S. Breakey, Lansing, Michigan

#### October 23, 2 P.M.—Demonstration

##### Technics of Modern Serodiagnostic Tests for Syphilis

#### October 24, 9:30 A.M.—Session V

##### Wartime Venereal Disease Control Education Program

*The Relationship Between the Programs of Venereal Disease Control Education and the Repression of Prostitution*

a. *From the point of view of public health*—Dr. George M. Leiby, Director, Division of Preventive Medicine, Louisiana State Department of Health

b. *From the point of view of social protection*—Mr. Charles P. Taft, Assistant Director, Office of Defense Health and Welfare Services

c. *From the point of view of the public*—Mr. Capus Waynick, Director, Demonstration of Public Health Education Measures in the Control of Venereal Diseases, Raleigh, N. C.

*The Venereal Disease Control Education Program in the Armed Forces*

a. *Army*—Major Leonard A. Dewey (MC) Venereal Disease Control Officer, U. S. Army, Eighth Service Command



- b. *Navy*—Lieutenant George Mast, Division of Preventive Medicine, Bureau of Medicine and Surgery, U. S. Navy  
*The Current Status of Venereal Disease Education*—Surgeon General Thomas Parran, U. S. Public Health Service

#### October 24, 2 P.M.—Session VI

##### Research Influencing the Wartime Venereal Disease Control Program

*Progress in Investigations of the Intensive Therapy of Syphilis*—P. A. Surgeon Harry Eagle, U. S. Public Health Service Syphilis Research Center, Baltimore, Md.

*New Serologic Tests for Syphilis and Their Demonstrated Efficiency*—Dr. Arthur H. Sanford, Mayo Clinic, Rochester, Minn.

*Progress in the Wartime Management of Gonorrhea*—Dr. P. S. Pelouze, University of Pennsylvania, Philadelphia

*Relationship Between Venereal Disease Control and the Joint Army and Navy Committee on Welfare and Recreation*—Brigadier General F. H. Osborn, Chief of Special Services, United States Army

*Problems Involved in the Adaptation of Recent Scientific Discoveries to the Wartime Control of the Venereal Diseases*—Dr. John H. Stokes, University of Pennsylvania, Philadelphia

Of special interest to many of the conferees was the opportunity to visit the Federal Venereal Disease Clinic in Hot Springs and the Medical Center about two miles away. Dr. Austin V. Deibert, Medical Officer in Charge, and his staff were cordial hosts.

**Army Venereal Disease Control Officer Assignments.**—Lieutenant Colonel Thomas B. Turner, Chief, Venereal Disease Branch, Division of Preventive Medicine, Office of the Surgeon General, U. S. War Department, reports the following current assignments of venereal disease control officers in the Army Medical Corps:

##### First Service Command:

Captain Thomas H. Sternberg, to Headquarters, 808 Commonwealth Avenue, Boston, Massachusetts

##### Second Service Command:

Captain Daniel Bergsma, (formerly Venereal Disease Control Officer, New Jersey State Department of Health), to Headquarters, First Army, Governor's Island, New York

Captain Lyman Duryea, to Headquarters, Governor's Island, New York

Major Joseph Smith, (formerly with the Department of Health, Providence, Rhode Island), to Headquarters First Air Force, Mitchell Field, Long Island

##### Third Service Command:

Major Albert F. Doyle, to Headquarters, U. S. Post Office and Court House, Baltimore, Maryland

Major Robert Dyar, (formerly of the San Joaquin County Health District, Stockton, California), to Headquarters, Air Force, Washington, D. C.

##### Fourth Service Command:

Major Ernest B. Howard, to Headquarters, Post Office Building, Atlanta, Georgia

Major R. R. Sullivan (formerly Director Venereal Disease Division, Minnesota State Board of Health), to Headquarters, Second Army, Memphis, Tennessee

Lieutenant Granville W. Larimore, (formerly with the Department of Health of Chicago), to Headquarters, Southern Air Force Training Center, Maxwell Field, Montgomery, Alabama

Major Onis George Hazel, (formerly of United States Public Health Service), to Headquarters, Third Air Force, Tampa, Florida

##### Sixth Service Command:

Captain Oscar D. Schwartz, to Headquarters, Post Office Building, Chicago

**Seventh Service Command:**

Major James H. Gordon, to Headquarters, New Federal Building, 15th and Dodge Streets, Omaha, Nebraska

**Eighth Service Command:**

Major Leonard A. Dewey, to Headquarters, Fort Sam Houston, San Antonio, Texas

Captain E. M. Holmes, (formerly Director of Venereal Disease Control, State of Virginia), to Headquarters, Gulf Coast Training Center, Randolph Field, Texas

**Ninth Service Command:**

Major Wayne W. C. Sims, to Headquarters, Fort Douglas, Utah

Captain Thomas E. Gibson, (formerly Director of Venereal Disease Control, Michigan State Department of Health), to Headquarters, Second Air Force, Fort George Wright, Washington

**Committee on Courts and Social Protection Meets.**—The committee recently appointed by the Criminal Law Section of the American Bar Association "to further increased cooperation and prompt action of all groups concerned with law enforcement against prostitution" held its first meeting on November 12 in Washington, D. C., to discuss working plans. It is expected that state, county and local bar associations will organize committees on the courts and social protection which will work with law enforcement agencies and the attorney general's office in each state, and will also cooperate in efforts to arouse public opinion in support of the campaign against venereal disease and prostitution. The committees will also cooperate in securing state legislation where needed.

Members of the ABA Committee are:

Chairman, Honorable John M. Goldsmith, Radford, Virginia; Honorable Peter Horne, Magistrate's Court, New York City; Honorable Frank T. Cullitan, Prosecuting Attorney, Cleveland, Ohio; Honorable Walter L. Green, Hyattsville, Maryland; Honorable George C. Taylor, Knoxville, Tennessee; Edward A. Tamm, Federal Bureau of Investigation, Department of Justice; Dean John H. Wigmore, Northwestern University School of Law, Evanston, Illinois; Meyer Rosengard of Chicago, Timothy N. Pfeiffer, of the firm of Milbank, Tweed and Hope, New York City, and Treasurer of the American Social Hygiene Association, and Bascom Johnson, ASHA Associate Director in Charge of Legal and Protective Activities.

**The Clubwomen's Program.**—Clubwomen advanced their plan to aid in fighting syphilis and gonorrhea and in repressing commercialized prostitution at the meeting of the Board of Directors of the General Federation of Women's Clubs in Chicago October 16-18, when the recently announced program, presented to the Board in a report by Mrs. H. B. Ritchie of Athens, Georgia, chairman of the Department of Public Welfare, was adopted. Stressing "the gravity of the venereal disease problem and its intensification by conditions accompanying a state of war," the directors endorsed the public welfare department's strong appeal to clubwomen to take these steps in furthering the proposed campaign.

(1) Aid in securing the passage of State laws or their amendment which will outlaw all phases of prostitution, penalize all racketeers engaged in the traffic and treat the male and female offenders with equal severity.

(2) Advocate Federal aid in the establishment of rehabilitation centers and an appropriation by Congress for this purpose. This in addition to the work now done in the treatment field.

(3) Seek law enforcement which is continuous, vigorous, honest and without regard for the power and prominence of offenders.

(4) Map a program for the prevention of sexual delinquency of young people, including with education and recreation the removal of vicious conditions and where necessary, curfew laws which apply both to the young people and the places where they get into trouble.

(5) Accept the invitation to cooperate which is contained in Point 8 of the 8-point agreement reached by the armed forces, the Federal Security Agency and the State health departments on measures for control of venereal disease where armed forces and war workers are concentrated.

(6) Support the invocation of the May Act when local officials need Federal aid in the effort to repress prostitution.

(7) Participate in Social Hygiene Day activities in February and in the series of regional meetings being planned by interested agencies seeking solutions to these problems.

The report asserted that "prostitution cannot be regulated by means of inspected so-called red light districts because medically it is impossible to keep prostitutes free from infectious disease while actively engaged in their trade."

The elimination of conditions which influence youth toward sexual delinquency, the report added, "is the responsibility of home, school, church and community." Preventive measures should be definite and continuous, it said.

Other facts having a direct bearing upon successful prosecution of the program were listed as follows:

"Where delinquency occurs, adequate probationary treatment is needed; or, as a last resort, special detention schools to re-educate and redirect energies before bad habits and associations have become so fixed that readjustment is difficult if not impossible.

"Prostitution flourishes as a big business, financially profitable to owners of property so used, the agents, the managers, the go-betweens—sometimes the law enforcement officials whose duty it is to suppress prostitution are parties to its continuance.

"The flood of men and women going into industry under abnormal conditions is the source of new difficulties. Pre-employment examinations, treatment where need exists and continued freedom from infection, should be established policies of employment.

"Compulsory pre-marital and prenatal physical examinations are a vital part of the attack upon the problem.

"The proposed utilization of former CCC camps as isolation and treatment centers for careless and uncooperative cases is advocated where adequate facilities for hospitalization are not yet available.

"Institutions for the long term commitment of prostitutes for reeducation, training and rehabilitation are urgently needed in many parts of the country."

Also cooperating especially in the campaign, which has the full approval and support of Mrs. John L. Whitehurst, GFWC president,

is the Department of Legislation, Mrs. Harvey W. Wiley, Washington, D. C., chairman.

Bascom Johnson, ASHA Associate Director in Charge of Legal and Protective Activities, addressed the Board meeting.

**Quarantine Hospitals Approved for Treatment of Women.**—The government plan for utilizing camps formerly used by the Civilian Conservation Corps and other available buildings, as hospitals for treatment of women infected with venereal disease is progressing as outlined in the September issue of the *SOCIAL HYGIENE NEWS*. A recent statement released by the Office of Information, Federal Works Agency, reads as follows:

Presidential approval of eight more quarantine hospitals in six states for the treatment of women infected with venereal disease, was announced on November 4 by Brigadier General Philip B. Fleming, Federal Works Administrator. They will be operated as war public service projects under the Lanham Act at a total cost of \$687,129.

Three of the sites are in Florida where use will be made of former Civilian Conservation Corps camps located near Sarasota, Ocala and Wakulla. The hospitals will be operated by the Florida Department of Health through a \$396,157 Federal contribution. The other sites and the Federal contributions are: Algiers, Louisiana, \$180,200; McLain, Mississippi, \$46,050; Rush Springs, Oklahoma, \$28,922; Monett, Missouri, \$25,000; and Phoenix, Arizona, \$10,800.

This brings to 12 the number of venereal disease control centers financed with Lanham Act funds. Projects previously approved are at Chicago, Illinois, Knox County, Tennessee, Canal Zone and the Virgin Islands.

Approval by President Roosevelt of the new contributions advances the FWA one step nearer its goal of converting 30 former CCC camps and an equal number of other buildings over the country—60 locations in all—into venereal disease hospitals, General Fleming said: "When this is accomplished we hope that we will have established an effective defense against the disease which has incapacitated millions of Americans, thus wasting manpower at a time when it is urgently needed," he added.

Five of the 12 sites already approved are at former CCC camps. These include the three in Florida, Rush Springs, Oklahoma, and Knox County, Tennessee.

Mrs. Florence Kerr, Assistant to General Fleming and responsible for administering funds for war public services under the Lanham Act, said that applications are coming in from many of the other state health departments which in most instances will operate the hospitals. "All former CCC camps which have not been taken over by the Army for other purposes are expected to become hospital sites as rapidly as the projects can be set up and approved," she said. Efforts will be made to rehabilitate prostitutes brought in for treatment in order to make them physically and mentally fit for war work, Mrs. Kerr said: "As many of the girls are quite young," she explained, "it is expected that, after being restored to health by medical treatment, many of them will be able to enter into useful war and civilian activities. Establishment of these hospitals is one of the most important steps yet taken to control venereal disease."

Daily programs in hospital camps, she pointed out, will include study, training and recreation periods, in addition to medical treatment. The women will do their own laundry and mending; help prepare meals, and work together in the performance of other tasks of a housekeeping nature. Every effort will be made to help them acquire or improve the skills which will enable them to become useful and responsible members of society.

The first of the quarantine hospitals was authorized August 31 of this year when Presidential approval was given to a \$271,440 war public works contribution

for the maintenance and operation of a building in Chicago, formerly used as a general hospital, with basic accommodations for about 200 patients. It is operated by the City Health Department of Chicago, with the U. S. Public Health Service furnishing a medical director and a surgeon. WPA funds are available for the employment of additional personnel at Chicago. Lanham Act funds will defray such costs as rent, equipment, maintenance and operation.

Working closely with the state and local officials and agencies responsible for conduct of the hospitals are representatives and field supervisors of the Social Protection Section, Office of Defense Health and Welfare Services, under the direction of Eliot Ness, SPS director, and Charles P. Taft, Assistant Director, ODHWS.

**Washington, D. C. Institute on Social Protection Spurs Community Action.**—"What are the facts concerning prostitution and venereal diseases in the Washington metropolitan area? What is the extent of these problems and their nature? What are the policies and practices of the law enforcement, health and social agencies where these problems are involved?" These were the questions posed for discussion at an Institute on Social Protection held in Washington on September 25 and 26, with a large group of representatives of civic and social agencies participating. Planned by the Metropolitan Council of Civilian Defense Mobilization Division Social Protection Committee, Ray H. Everett, Chairman, and sponsored by the Family Welfare Division, Washington Council of Social Agencies, the Institute was designed to provide a beginning basis for eventual development of a direct community-wide attack on prostitution and venereal diseases.

A forthcoming number of the JOURNAL will include an article by Mr. Everett regarding the organization and program of this Institute, and its effects on community conditions.

**Association News.**—As Fall work develops, the ASHA staff is deployed across the country wherever service can best be rendered. Dr. Walter Clarke, ASHA Executive Director, has recently returned from an extended field trip which took him to the headquarters of the nine Army Service Commands and many other points. . . . Major Bascom Johnson, Associate Director in charge of Legal and Protective Activities, after field work in New Jersey, New York, Massachusetts and Maine, has left for Texas, with stops scheduled for St. Louis and Oklahoma City. In Texas, Major Johnson will work for some time in Dallas, San Antonio and in other points in the Eighth Service Command. . . . Mrs. Gertrude R. Luce, Assistant Secretary of the Association, and for the past three years assigned to the Washington Liaison Office, will assist Mr. Johnson in Texas, stopping in New Orleans en route. . . . Miss Reba Rayburn, Editorial Assistant, is now stationed as Office Secretary in the Washington Liaison Office. . . . Dr. William F. Snow, Chairman of the Executive Committee has been dividing his time largely between the national office in New York and the Liaison Office in Washington.

Dr. Thomas A. Storey, Medical Consultant, left on November 8, with Mrs. Storey, for Atlanta, Georgia where he will work with the

various state and local agencies and with representatives of the Army, Navy and other federal agencies in the Fourth Service Command.

Miss Jean B. Pinney, Associate Director in charge of the Washington Liaison Office, following attendance at the USPHS conference on *Venereal Disease Control Needs in Wartime* at Hot Springs, Arkansas, and the APHA Annual Convention in St. Louis, visited the Illinois Social Hygiene League in Chicago, and the Council of Social Agencies in Buffalo for a preliminary conference on the Thirtieth Anniversary Meeting. . . . George Gould, of the legal staff, has spent some time in the past month in Tennessee, studying legislative needs and law enforcement procedures. He has also studied the effects of invoking the May Act in Tennessee and North Carolina.

President Ray Lyman Wilbur consulted with the staff in New York and presided at the ASHA quarterly Board of Directors meeting held at the Hotel Roosevelt on October 31. Officers and Board members attending were: Prof. Maurice A. Bigelow, Dr. Snow, Chairman of the Executive Committee; and Dr. George Baehr; Bailey B. Burritt, Robert P. Fischelis, Major General Merritte W. Ireland, Philip R. Mather, Dr. Percy S. Pelouze, and the Rev. Alphonse M. Schwitalla, S.J. Also in attendance were: Dr. Max J. Exner, Chairman of the Nominating Committee; Dr. Walter Clarke, Executive Director; and Mrs. Luce, Miss Pinney, Miss Shenehon, Mr. Johnson and Mr. Jensen of the national staff.

## SOCIAL HYGIENE AIDS FOR YOUTH AND YOUTH LEADERS

*These materials, especially selected, are offered at cost to youth and youth-serving group leaders. Additional lists and suggestions will gladly be furnished on request.*

### Pamphlets

*Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$30.00 per thousand. As a special privilege the A.S.H.A. Youth Service will provide to youth and youth leader groups, an entire set of the pamphlets listed below for \$1.00 postpaid.*

Pub. No.	For Young Men and Women
626	From Boy to Man
831	Health for Girls
853	The Question of Petting, Max J. Exner
972	Betrothal, Paul Popenoe
A-176	Choosing a Home Partner, Newell W. Edson
A-186	What You Should Know About Syphilis and Gonorrhea, Max J. Exner
	\$1.00 per dozen, \$7.50 per 100, \$50.00 per 1,000

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| A-327 | Health for Man and Boy   | } Special Series (25 cents a set)<br>William F. Snow |
| A-328 | Women and Their Health   |  |
| A-329 | Marriage and Parenthood  |  |
|       | Leaflets, \$1.00   | per 100, \$5.00 per 1,000                            |
| A-102 | "Our family are having their blood tests"—for Negro groups                                       |  |
| A-431 | Questions and Answers About Syphilis and Gonorrhea—for patients especially, but generally useful |  |
| A-237 | Jerry Learns a Lesson—Keep Away from Quacks—for young men  |  |

### For Youth Leaders

### Sex Education

- 778 A Formula for Sex Education, 5¢  
A-220 Education for Marriage, Max J. Exner  
A-349 Social Life for High School Boys and Girls, Paul Popenoe

### *Marriage and Family Relations*

- 932 **Love, Courtship and Marriage.** Discussion outlines, N. W. Edson. 15¢  
 982 **Marriage and Morals,** Henry Neumann  
 — **War Marriages.** (For group discussion.) Girls' Friendly Society. 15¢

### *Legal and Protective Measures*

- A-303 The Case Against Prostitution, 5¢  
A-442 State Laws to Guard Family Health, Gould. \$1 per 100

## Youth and the Community

- 959 Case of Youth vs. Society, W. D. Towner  
A-361 Getting Started on a Youth Social Hygiene Program  
A-410 Social Hygiene and Youth in Defense Communities, M. A. Bigelow  
A-433 Suggestions for Organizing a Community Social Hygiene Program

### Wartime

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|-------|---|---|
| A-454 | So Long Boys—Take Care of Yourselves—for young men joining the armed forces | } <i>Facts about syphilis and gonorrhea; moderate quantities free; large quantities \$2.50 per 1,000 plus postage</i> |
| A-341 | Vital to National Defense—for industrial workers                            |   |
| A-457 | Calling All Women—for women workers   |   |
| A-316 | American Communities Face a New Challenge, Thomas A. Storey                 |   |
| A-319 | A Church Program for Defense Areas, L. Foster Wood                          |   |
| A-324 | The Girl and the Man in Uniform, Richard H. Anthony, 5¢.                    |   |

*For additional pamphlets ask for free folder A-478.*

## Books

### Special Offer to Youth Groups

- Shadow on the Land—Syphilis.** Thomas Parran. Educational Edition, 75 cents postpaid. (Usually \$1.00)  
**The Way Life Begins.** Bertha C. and Vernon M. Cady. Plant, animal and human reproduction. Nine colored plates. 50 cents postpaid.  
**Sex Education.** M. A. Bigelow. A standard work for 20 years. 75 cents postpaid. (Usually \$1.00)  
**Coming of Age.** Esther Lloyd-Jones and Ruth Fedder. N. Y., Whittlesey House, 1941. 280 p. \$2.50.  
**Sex Guidance in Family Life Education.** Frances B. Strain. New York, Macmillan, 1942. 340 p. \$2.25.

For further book suggestions ask for free folder A-423.

### Posters and Exhibits

- Social Hygiene in Wartime.** A new exhibit, (in preparation) successor to the popular *Social Hygiene and National Defense*. Contains photographs, facts and figures. *Ask for free circular.*

**Good Times in Good Company.** Attractive illustrated poster outlining community responsibility for military health and morale. *Blue on white paper. Wall size, 17 x 22 inches, unmounted, 15 cents, \$1.00 per dozen, \$10.00 per 100; mounted, 50 cents each. Miniature, 8½ x 11 inches, \$1.00 per 100, \$5.00 per 1,000.*

**Three Charts:** A. Syphilis and the Unborn. B. Syphilis the Enemy of Youth. C. Syphilis and Gonorrhea Lead Among Communicable Diseases. *Size 17 x 22 inches, black and white, unmounted, 50 cents per set, postpaid. Mounted, \$1.50 per set, postpaid. Miniature size, 8½ x 11, 5 cents per set, 50 cents per dozen sets, \$2.50 per hundred sets, plus postage.*

**Anatomical outline charts—male and female genital organs.** From authentic drawings by R. L. Dickinson, M.D. *Black and white, 17 x 22 inches. 50 cents each, postpaid. Miniature 20 cents a dozen.*

**The Attack on Commercialized Prostitution.** Ten charts showing facts about the "racket" of commercialized prostitution and how it may be broken up. *8½ x 11, 10 cents a set, 80 cents a dozen, \$5 a hundred. 17 x 22, red, white and blue, unmounted, \$1 a set; mounted, \$3 a set.*

### Placards

*A limited number of these attractive cardboard posters in color are available in sets and singly for payment of postage only (about 6 cents).*

**The Youth of a Nation Are the Trustees of Posterity.**

**Our Family Are Having Their Blood Tests Like Thousands of Others. (Negro)**

**Before You Marry—Give a Thought to Your Health.**

**You Can Have a Healthy Baby—for expectant mothers.**

*Ask for our free folder, Social Hygiene Exhibits, Pub. No. A-452.*

### Films

**In Defense of the Nation.** How Civilians and Their Communities Can Help to Protect Soldiers, Sailors and Defense Workers from Syphilis and Gonorrhea. A new one-reel talking motion picture film. *Price: 35 mm., \$75; 16 mm., \$50. Rental \$5 per day.*

**With These Weapons.**—The story of syphilis. A one reel talking motion picture film. *Price: 35 mm., \$75; 16 mm., \$50. Rental \$5 per day.*

**Plain Facts.** A film on syphilis and gonorrhea, particularly for industrial groups. *Price: 35 mm., \$75; 16 mm., \$50.*

**Health Is a Victory.** A new film on gonorrhea. *Price: 35 mm., \$75; 16 mm., \$50.*

**For All Our Sakes.** Talking slide film sponsored by the United States Public Health Service, the General Federation of Women's Clubs and the A.S.H.A. A series of 170 pictures, synchronized with a double-faced phonograph record, to acquaint the public with the facts concerning syphilis and the campaign against this disease. *Price \$7.50. Rental \$3.00 per day.*

**Enemy of Youth.** Syphilis from the youth angle, and what the community should do about it. *Price \$7.50. Rental \$3.00 per day.*

*(Transportation charges extra on all film sales and rentals.)*

*For synopses, prices and other details concerning the Association's six silent films, ask for free folder, Social Hygiene Motion Pictures, Pub. A-428.*

**For further information, write to:**

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 Broadway, New York, N. Y.



## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- THE FAMILY LIVES ITS RELIGION. Regina Westcott Wieman. New York, Harper, 1941. 236 p. \$2.
- PROBATION AND PAROLE PROGRESS. 1941 Yearbook of National Probation Association, 1790 Broadway, New York, N. Y. 470 p. Paper, \$1.25. Cloth, \$1.75.
- SEX GUIDANCE IN FAMILY LIFE EDUCATION. Frances Bruce Strain. New York, Macmillan, 1942. 340 p. \$2.25.
- YOUTH AND THE FUTURE. The General Report of the American Youth Commission. Washington, American Council on Education, 1942.

### PAMPHLETS

#### Concerning Children and Youth in Wartime

- AMERICA'S CHILDREN IN WARTIME. Reprinted from *School Life*. U. S. Office of Education.
- CHILDREN BEAR THE PROMISE OF A BETTER WORLD. Defense of Children Series of 12 pamphlets. Children's Bureau, Department of Labor. \$3.00 per 100.
- CHILDREN IN WARTIME: PARENTS' QUESTIONS. Child Study Association, 221 W. 57th St., New York City. 5¢.
- EUGENICS AND FAMILY RELATIONS. Paul Popenoe. Reprinted from *Journal of Heredity*. 10 cents. (Order from American Institute of Family Relations, 607 S. Hill St., Los Angeles, Calif.)
- FALL IN. Bulletin for men joining the armed services. The American Legion.
- THE GIRL AND THE MAN IN UNIFORM. Richard H. Anthony. Massachusetts Society for Social Hygiene, 1146 Little Bldg., Boston. 1942.
- MEET THE GANG. Charlotte Himber. YMCA Boys' Work. Association Press, 1941. 72 p. 50¢.
- ORGANIZATION OF FAMILY CONSULTATION CENTERS. Mrs. Marie Carden. American Unitarian Association, 25 Beacon St., Boston. 44 p. mimeographed. 50¢.
- PERSONAL GROWTH LEAFLETS. Complete set of 101 leaflets, listed in January 1942 Journal of National Education Association. \$1.00.
- TO PARENTS IN WARTIME. Children's Bureau, Department of Labor, 1942. Government Printing Office. 5¢.
- TODAY'S GIRLS—TOMORROW'S WOMEN. Girls' Service League of America.
- WAR MARRIAGES. Girls' Friendly Society, 386 Fourth Ave., New York City. 15¢.
- WAR WEDDINGS—DEAR MARY: A LETTER TO A WAR BRIDE. Janet Fowler Nelson. Prepared at request of USO, YWCA staff. 10 cents. The Woman's Press, 600 Lexington Ave., New York City.

#### Of General Interest

- ATTACKING ON SOCIAL WORK'S THREE FRONTS. Shelby M. Harrison. New York, Russell Sage Foundation, 1942. 30 p. 15¢.
- BULLETINS: HOW TO MAKE THEM MORE EFFECTIVE. Social Work Publicity Council, 130 E. 22nd St., New York. May, 1942. 50¢.
- MATERIAL FOR THE CLASSROOM. Florida Curriculum Laboratory, University of Florida College of Education, Gainesville, Florida. 1942.
- PRICE LISTS OF INEXPENSIVE TEACHING MATERIALS. A kit compiled by Prof. Hugh B. Wood, University of Oregon. 25¢.
- PSYCHIATRIC ASPECTS OF CIVILIAN MORALE. New York, Family Welfare Association, 122 E. 22nd St. 50¢.
- THE PUBLIC HEALTH MANUAL. U. S. Junior Chamber of Commerce.
- SYPHILIS CASE-FINDING PROGRAM IN NEGRO COLLEGES. Paul B. Cornely. Reprinted from American Journal of Syphilis, Gonorrhea, and Venereal Diseases. 12 p.
- VENEREAL DISEASE CONTROL AS PART OF WAR EFFORT. Herman Goodman, M.D. New York, Medical Lay Press, 1942.

- WHAT DO YOU KNOW ABOUT VENEREAL DISEASES? Leaflet, Provincial Board of Health, British Columbia.
- YOUR COMMUNITY IN THE WAR. A guidebook of Home Front Activities. Chicago, Kiwanis International. 10¢.
- YOUTH AND NATIONAL DEFENSE. Washington, Aleph Zadik Aleph (B'nai B'rith Youth organization), 1941.

## IN THE PERIODICALS

### Of General Interest

- AMERICAN JOURNAL OF PUBLIC HEALTH. May, 1942. *Training of Medical Personnel in Syphilis Control*. Frie, Kampmeier and Keller. p. 495.
- April, 1942. *Workers' Health Education*. Elizabeth G. Pritchard. p. 395.
- BULLETIN OF NATIONAL TUBERCULOSIS ASSOCIATION. August, 1942. *Exhibit Ideas*. Bruno Gebhard. p. 122.
- HEALTH NEWS. New York State Department of Health, December 15, 1941. *Public Health Council Advocates Suppression of Prostitution in Vicinity of Military Establishments*. p. 199.
- INDUSTRIAL MEDICINE. July, 1942. *Cardiovascular Syphilis in the Active Period of Life*. J. Harold Kotte, M.D. p. 323.
- July, 1942. *Women and Wartime Health Problems*. Milton H. Kronenberg, M.D. p. 333.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. March 7, 1942. *Premarital Examination Laws in the United States*. G. F. Forster and H. J. Shaughnessy. p. 790.
- MACHINISTS' MONTHLY JOURNAL. February, 1942. *Syphilis Expensive to Industry*. p. 87.
- MILITARY SURGEON. October, 1942. *Contact-reporting in Venereal Disease Control*. By F. W. Reynolds, M.D. p. 432.
- POLICE CHIEFS' NEWS LETTER. August-October, 1942. *A Brief Review of the IACP War Conference in New York City*. (See section on Social Protection Standards in Wartime.) p. 9.
- PUBLIC HEALTH NURSING. July, 1942. *Health of the Worker*. Burri and Mumford.
- October, 1942. *Problems in Tax-supported Medical Care*. By Gertrude Sturges, M.D. p. 556.
- July, 1942. *Wartime Adjustments*. Krueger, Sheahan, Howell, Perrott, Myers and Wells.
- SOCIAL SERVICE REVIEW. June, 1942. *How Fares the Battle Against Prostitution*. Jean B. Pinney.
- SOCIAL PROGRESS. March, 1942. *USO and the Church*. Harper Sibley. p. 15.
- SOUTHERN MEDICAL JOURNAL. January, 1942. *Syphilis Among Selective Service Registrants in a Southern County*. A. I. Perley, M.D. p. 65.
- STATE GOVERNMENT. May, 1942. *Progress Report on State War Legislation*. p. 107.
- VENEREAL DISEASE INFORMATION. January, 1942. *Role of Open Houses of Prostitution in the Spread of Venereal Diseases in a Southwestern Cantonment Area*. Bascom Johnson, Jr. p. 15.

### Concerning Children, Marriage and Family Life

- AMERICAN SOCIOLOGICAL REVIEW. 6:499. 1941. *Recent Trends in Family Research*. Ernest R. Mowrer.
- COLLEGE HEALTH REVIEW. December, 1941. *Sex Education at the College Level*. Modjeska Simkins. p. 4.
- INTERNATIONAL JOURNAL OF RELIGIOUS EDUCATION. January, 1942. *Some Facts About a Young Married People's Group*. James A. Peterson. p. 20.
- JOURNAL OF HEREDITY. December, 1941. *Eugenics and the Family*. Eugene L. Belisle. p. 446.
- *Helping Young America to Responsible Parenthood*. Frank Lorimer. p. 449.
- JOURNAL OF HOME ECONOMICS. September, 1942. *Community Action to Meet Family Needs*. M. W. Brown. p. 436.

- LIFE.** November 16, 1942. *Juvenile Delinquents.*  
 ——— *Right Handling Can Reduce Youth Crime.* John D. Rockefeller, III.
- MARRIAGE AND FAMILY LIVING.** November, 1941. *A Plan for Successful Marriages.* J. K. Folsom. p. 85.
- MEDICAL WOMAN'S JOURNAL.** August & September, 1942. *Legal and Social Aspects of Syphilis in Relation to Marriage and the Family.* By Wendy Stewart, M.D. p. 268.
- NATIONAL PARENT-TEACHER.** March, 1942. *Sex in Its Teens.* Aimee Zillmer. p. 24.
- September, 1942. *War Marriages . . . 48 Hours' Leave.* Jean C. Mendenhall. p. 25.
- May, 1942. *War Supplement.* p. 35.
- NATION'S SCHOOLS.** August, 1942. *Must It Always Be Taboo?* The case for sex education in high school. C. R. Evans, p. 21.
- READER'S DIGEST.** August, 1942. *The Bright Shield of Continence.* Gene Tunney. p. 43. (See also p. 473, JOURNAL OF SOCIAL HYGIENE.)
- November, 1942. *Will War Marriages Work?* Forum by Lewis Browne and David Seabury, with comment by Valeria H. Parker. p. 14.
- SOCIAL FORCES.** 19:519. 1941. *Education for Family Life and National Defense.* E. R. Groves.
- October, 1942. *Adventures with Undergraduates in Their Education for Marriage.* W. H. Morgan. p. 82.
- SOCIAL SERVICE REVIEW.** March 1942. Number on *The Effect of War and Civil Defense on Children: the British Experience.*
- SURVEY GRAPHIC.** January, 1942. *Marriage Repair Shop.* By Gretta Palmer. p. 33.
- WOMAN'S HOME COMPANION.** April, 1942. *Being Born Is Safer Now.* F. H. Richardson. p. 52.
- December, 1942. *Should Marriage Wait?* Anne Maxwell, p. 58.

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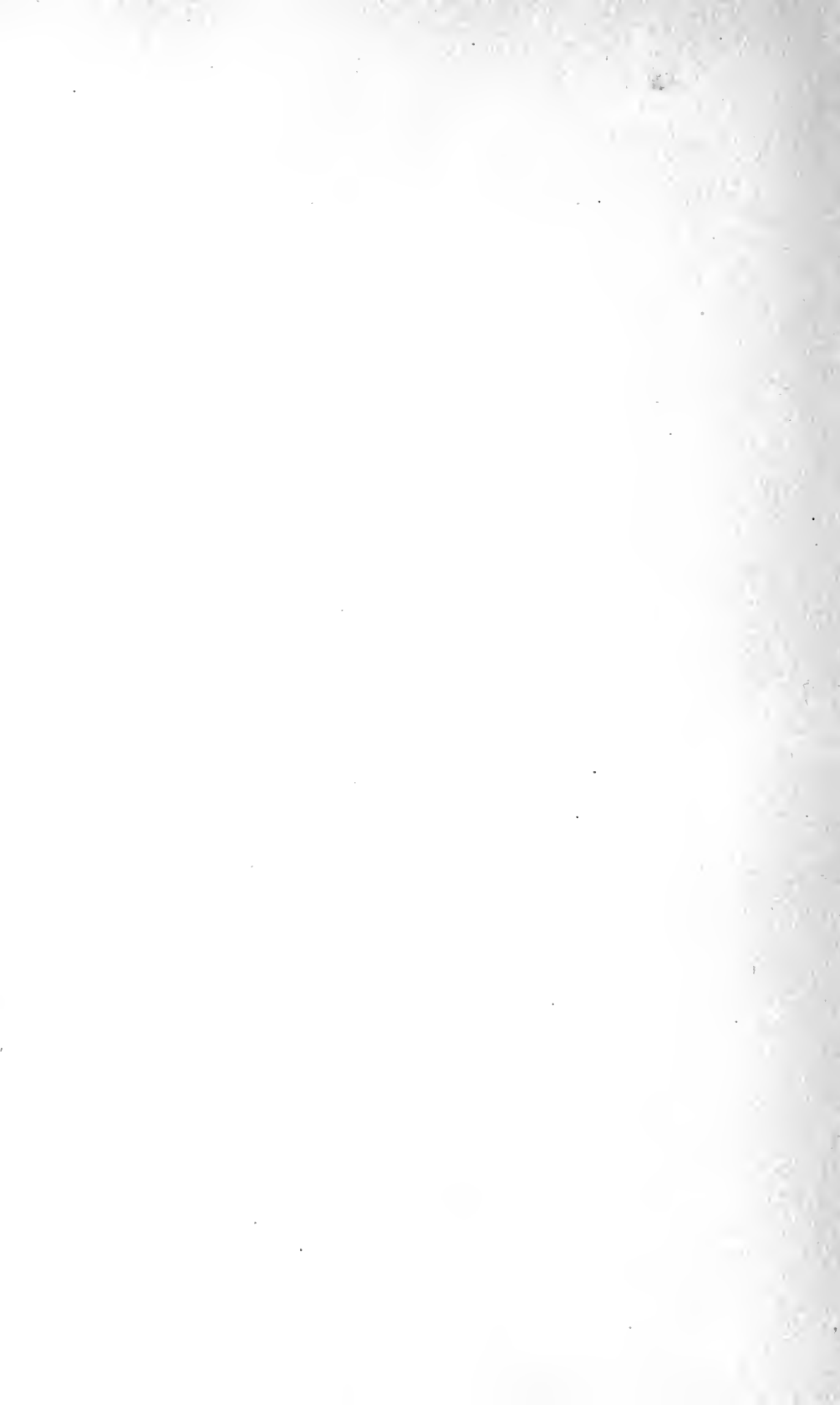
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**THE AMERICAN SOCIAL HYGIENE ASSOCIATION**  
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## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1914, is the national voluntary agency for social hygiene.

At present, with emphasis on war needs, the Association undertakes to promote an "8-point program on the 48 state fronts". . .

1. Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.
2. Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.
3. Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.
4. Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.
5. Help communities to provide "good times in good company" for young people as the best safeguard against "bad times in bad company"; to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.
6. Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.
7. Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.
8. Study national and community conditions and programs, official and voluntary, and keep all concerned informed regarding progress and results, in peace or in war.

*The Association needs money to continue and enlarge these services. As a voluntary organization, its work is supported by gifts and membership dues. Most contributions range from \$5 to \$100. Annual dues are \$2.00. Please send your check to*

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Social Hygiene Day  
February 3, 1943

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# A DOZEN WAYS TO MARK THE DAY

## NATIONAL SOCIAL HYGIENE DAY

February 3, 1943

**A Community Meeting:** Cooperate with other interested agencies, both official and voluntary, in arranging an open meeting, to which the public is invited. The Social Hygiene Day kit, available without charge to sponsoring agencies, contains suggestions on program building.

**A Group Meeting:** Make the program of your regular meeting nearest to February 3rd a Social Hygiene Day program. The kit contains background material for your speakers.

**Social Hygiene Regional Conference:** If you live in one of the cities planning an all-day session, made up of a number of meetings, plan to attend. These include Buffalo, New York City, Atlanta, Omaha, Salt Lake City, Seattle, and Portland, Oregon. Write to the American Social Hygiene Association for further information about them.

**Social Hygiene Sunday:** Ask the clergymen of your community to consider delivering a sermon on social hygiene objectives, on either Sunday, January 31st, or the first Sunday in February (the 7th). Offer to supply material from your kit for their use in preparing an address.

**Newspaper Publicity:** Write to the editor of your newspaper and ask him to run an editorial about Social Hygiene Day and its objectives, a feature story about syphilis or gonorrhea, and a news story about your meeting plans. The Social Hygiene Day kit of program and publicity aids contains suggested releases. Help by giving this material wide distribution.

**Other Publications:** If your organization has a news sheet or other publication, carry a special item about Social Hygiene Day. Some of the text of the folder, *Social Hygiene Takes Battle Stations*, may be used, or a special short statement obtained from the American Social Hygiene Association.

**Radio Programs:** Ask your local station manager to schedule a special Social Hygiene Day talk on February 3rd. Perhaps he can carry the address of one of the speakers at your meeting. The Social Hygiene Day kit carries the script of a new radio round-table discussion, designed for use at the time of Social Hygiene Day, and a sheet of spot announcements for radio use.

**Films:** Plan to use one or more of the American Social Hygiene Association's one-reel talking films as part of your meeting program. These include *In Defense of the Nation*, *Plain Facts about Syphilis and Gonorrhea*, and *With These Weapons*, the latter in both English and Spanish versions, and *Health Is A Victory*. Any one of these pictures is suitable for showing to any

group, including mixed audiences, from high school age up. They may be borrowed from your State or local health department or social hygiene society or rented from the American Social Hygiene Association at \$5.00 per day of actual use, plus cost of carriage.

**Exhibits:** Ask the public library and your local book stores to arrange special Social Hygiene Day exhibits. Ask your drug and department stores to plan special window exhibits. The kit contains some exhibit items and a copy of *Your Guide to Social Hygiene Day Materials*, which lists additional exhibit and other educational aids, some of them free and many others at a special reduced Social Hygiene Day price.

**Mayor's Proclamation:** Ask your mayor to issue a statement to the newspapers declaring February 3, 1943, Social Hygiene Day in your town. A suggested form for such a proclamation is contained in the Social Hygiene Day kit.

**Ask other groups to cooperate:** Call Social Hygiene Day and the opportunities for service that it offers to the attention of other interested individuals and organizations in your community. Write to the American Social Hygiene Association for a supply of *Battle Stations* to use as a mail enclosure. Or, if you prefer, send us a list and let us forward announcements directly from this office.

Form your Social Hygiene Day Committee now, so that plans may have an early start. Include in it someone with experience in gaining publicity. And keep in mind that your work in the field of public information about syphilis and gonorrhea is a genuinely important part of the total war effort. Consult your local Office of Civilian Defense about your plans, ask their help and give them yours.

Write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 BROADWAY, NEW YORK CITY

## SOCIAL HYGIENE IN WARTIME

Social hygiene problems, though still of the same type as in peacetime, are magnified a thousand times by war. With the mobilization of manpower to fight our battles and build our weapons of war comes the mobilization of prostitution racketeers to prey on these young men for gain. And in the wake of the prostitutes comes an increase in the venereal diseases: the tragedy of damaged lives, of marriage and families imperiled, of national health and strength dragged down from the high level needed for a decisive victory and the building of a better world when peace comes again.

Community social hygiene work is thus more than ever needed in wartime, and community responsibility more than ever definite. Here is a challenge to agencies and individuals alike: let us, under the forced draught of war, work together to:

**Find and treat every case of syphilis and gonorrhea, including those among young men deferred from service because of these infections, and among war industry workers.**

**Adopt and enforce good laws to prevent the spread of venereal disease, including premarital and prenatal examination laws, laws against commercialized prostitution, laws against quackery.**

**Clean up community conditions leading to sex delinquency and help victims of bad conditions to make a new start, particularly women, girls and young men exploited by the prostitution racket.**

**Encourage the provision of "good times in good company" for soldiers, sailors, and hometown boys and girls, to counteract vicious influences and to build high morale.**

**Keep on telling "all the people" the facts about syphilis and gonorrhea, about prostitution, about the possibilities for safeguards and salvage from these dangers.**

**Give wise character guidance: young people and adults need information and advice about sex, marriage and parenthood, as a help to building happy and effective lives.**

Remember always that soldiers, sailors and war industry workers do not acquire syphilis and gonorrhea "in camp, on ship, or at the shop bench," but in the communities where they spend their leisure hours.

President Roosevelt, calling for "total physical and moral fitness for the freedom we cherish," recently said:

*... This job depends ultimately upon the people themselves and their moral fibre. . . . In fact, only good local community organization can meet many of these needs. I, therefore, call for the united efforts of government—Federal, state and local—of business and industry, of the medical profession, of the schools, and of the churches; in short of all citizens for the establishment of total physical and moral fitness. No one can doubt the objective, or fail to cooperate in the various programs once he understands them. This is one effort in which every man, woman and child can play his part and share in ultimate victory. . . .*

Center the great potential power of "united effort" on social hygiene wartime problems now, and we shall find, after the war, that a great forward thrust has been made towards the long-range objectives of better health, better homes and communities, a better and a stronger nation.

# Suggestions

## FOR ORGANIZING A COMMUNITY SOCIAL HYGIENE PROGRAM

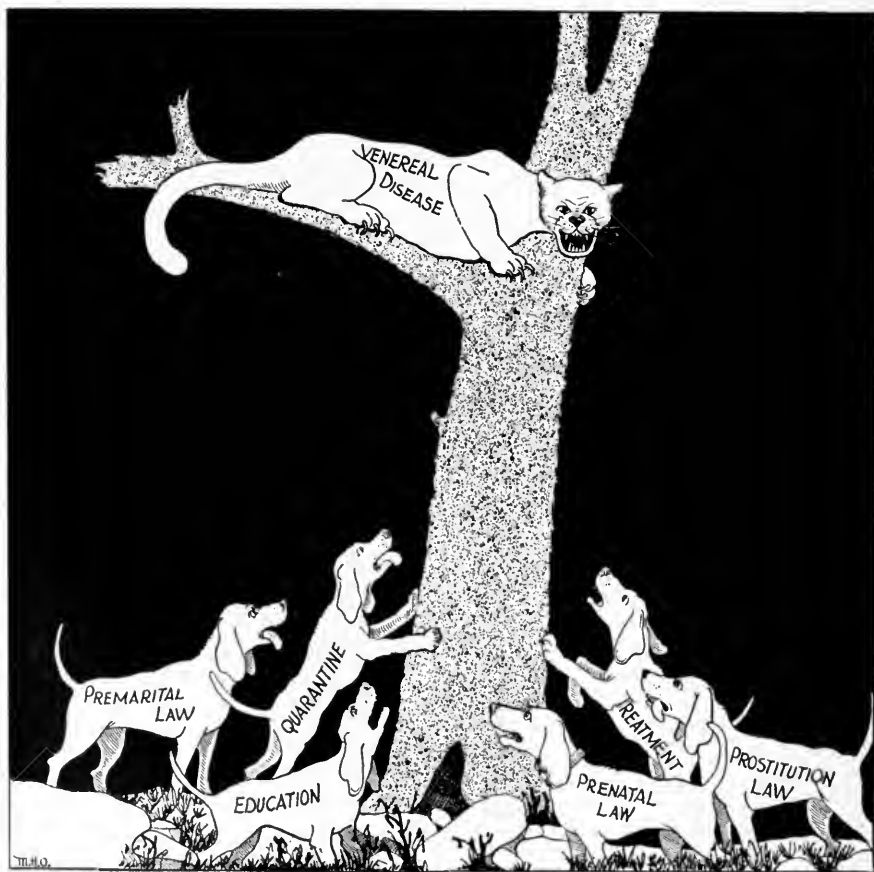
The "working outline" shown in the following pages of this number of the JOURNAL\* is published in response to frequent inquiries from state and community groups, especially those joining in Social Hygiene Day activities, as to how a continuing social hygiene program may be set up. The suggestions given are based on experience of the Association and 145 existing state and community social hygiene societies and committees in starting and developing their efforts, and have been proved sound and workable. It is recognized, however, that many communities desiring to carry on year-round activities may find it necessary to limit first endeavors to part of the program outlined. For others, problems and questions not mentioned here may arise. For all, the Association's Community Service will gladly furnish further information, advice and encouragement through correspondence or personal interview.

write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway, New York, N. Y.

\* Also published in pamphlet form. Pub. A-433. 10 cents.



" TIME TO MAKE THE KILL "

Drawing by courtesy of the Kentucky State Department of Health.  
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# Journal of Social Hygiene

VOL. 28

DECEMBER, 1942

NO. 9

Social Hygiene in Wartime. IV.  
Social Hygiene Day Number.

## *Suggestions*

FOR ORGANIZING A COMMUNITY SOCIAL HYGIENE PROGRAM

### *What is Social Hygiene?*

In the United States social hygiene agencies are concerned chiefly with four main purposes:

- 1 *To inform the public about the national program and needed community action*
- 2 *To combat syphilis and gonorrhea, as dangerous communicable diseases*
- 3 *To fight prostitution as an organized business, and other unwholesome conditions, particularly community conditions which lead to sex delinquency among young people*
- 4 *To promote, from childhood on, incorporation of sound sex instruction and training for marriage and parenthood, as a part of human relations education.*

And by all these means to protect and improve the American family as the basic social institution.

## ***Social Hygiene and the Community***

A community social hygiene program should be based on the general principle of meeting needs in the four major work divisions:

### ***1 Public Information***

- a To insure public understanding and support of social hygiene in general as a permanent part of community activities.
- b To inform the public, particularly the individual, regarding the dangers of syphilis and gonococcal infections; how these diseases may be avoided, and how they may be treated and arrested, or cured, if infection occurs.

### ***2 Medical and Public Health Activities***

- a To provide adequate public health and medical services in the community, and to include in these services the diagnosis, treatment and control of syphilis and gonococcal infections as major problems of health and medical care.
- b To protect the public from quacks and other exploiters of the sick and credulous.

### ***3 Legal and Protective Activities***

- a To promote community environment favorable to family life, and to safeguard children and adolescents from conditions leading to sex delinquency, including provision for wise use of leisure time and adequate, wholesome recreation.
- b To encourage sound and enforceable state laws for protection of marriage and childhood from syphilis through premarital and prenatal examinations including blood tests.
- c To combat prostitution, particularly as a commercially organized "racket," and to enact remedial legislation when necessary.

### ***4 Sex Instruction and Training for Family Life***

- a To aid each individual to secure an adequate understanding of his own body and emotional nature, and to develop habits likely to insure that the functioning of sex will enhance rather than injure his personal, family and community life.
- b To train young men and women for assuming the duties and privileges of marriage and parenthood.
- c To encourage the building of families made up of healthy, intelligent, and normally adjusted individuals, capable of providing the best possible inheritance and wise parental care for their children.



### ***Where the Responsibility Rests***

The responsibility for *Public Information* rests on all agencies, both official and voluntary, whose activities include one or more aspects of social hygiene.

The responsibility for *Medical and Public Health Activities* rests on the official health department, on private physicians, hospitals, clinics, and other institutions where search for cases, diagnosis, treatment and after care are provided, and on the voluntary health and welfare agencies.

The responsibility for *Legal and Protective Activities* rests mainly on the police, prosecuting attorneys, the courts, and official and voluntary protective agencies.

The responsibility for *Sex Education and Training for Family Life* rests mainly on the home, the school, and the church, and on organizations serving children and young people.

### ***Who Is to Take the Lead?***

Most community social hygiene work begins by calling together those interested to discuss local needs and what may be done about them. Included in this group should be representatives of the various agencies named above, and other men and women active and influential in civic planning. For the sake of carrying on the work successfully, it is well to insure that those participating are genuinely interested and that some of them at least have time to give. The cooperation of the official health authorities, the medical society, and educational and religious leaders are essential assets.

Usually a small steering committee is appointed by the group to study the situation and see what type of organization will best fit into the community.

If it is decided to organize a special social hygiene society, a constitution should be drawn up, by-laws adopted<sup>1</sup> a board of directors and officers elected. If the work is to be carried on under the auspices of an existing agency, such as a Health Council, a Council of Social Agencies, a Tuberculosis and Health Association, or other suitable organization, a permanent committee with an active chairman should be appointed to plan and guide the activities.<sup>2</sup>

<sup>1</sup> The Association will be glad to provide a draft of constitution and by-laws.

<sup>2</sup> In recent years many Tuberculosis and Health Associations have undertaken social hygiene work through Committees of the type described. Examples are: New York State, where most of the 52 county tuberculosis societies are now carrying on social hygiene activities under the leadership of the State Tuberculosis and Health Committee of the State Charities Aid Association; New York City, whose Social Hygiene Committee of the Tuberculosis Association has been engaged in a city-wide program for 15 years; New Jersey, where the State Tuberculosis League is undertaking a similar program; Philadelphia, where the Health Council and Tuberculosis Committee is active in social hygiene.

In some cases the special committees on Social Hygiene Day, organized to sponsor Social Hygiene Day meetings, have provided the basis for a permanent committee.

In any of these plans, to secure the greatest benefits, it is essential to have an office headquarters and a qualified paid executive, either full-time or part-time, to insure continuity and guidance in development of the work. This does not mean that the new social hygiene agency must have several thousand dollars in the treasury in order to start. Much effective work has been done by societies whose administrative equipment consists of a fraction of the time of a paid worker, a part-time stenographer and a corner for desk-space, plus the correlated efforts of dependable volunteer committee members. But to insure progress someone whose assigned duty it is, should be regularly on the job, at a central address and telephone number.

### **First Steps**

Realization of the need for a community social hygiene program often grows out of interest in some special event, as *Social Hygiene Day*, or arises from some special local emergency. In any case natural first steps of a new social hygiene group are:

- 1 To find out what social hygiene conditions exist in the community—what needs are being met, what only partially, and what wholly unmet.
- 2 To devise ways and means of remedying the deficiencies revealed.

### **Study Methods**

The questions on pages 8-17 suggest how a picture of local social hygiene conditions may be obtained.<sup>3</sup> In general, a community social hygiene study should seek to learn:

- 1 Are parents interested in seeing that their children receive through the home, school and church helpful sex education? What are the schools doing in the way of instruction and guidance for successful family life? What are churches, and the organizations serving children and youth doing in the same field?

This would require interviews with—

Directors of organizations serving children and youth  
School superintendents, principals, and teachers of biology, physiology,  
hygiene and other related subjects  
Pastors and religious leaders  
Parent-teacher associations and other parental groups

- 2 What are the police and courts doing to combat the prostitution "racket," including the activities of promoters, procurers of girls and women, and other exploiters? What is being done to prevent sexual delinquency among young people? What provision exists for rehabilitation of delinquents?

<sup>3</sup> The questions have purposely been made comprehensive in their scope, but most new groups will probably want to take them up a few at a time.

This would require interviews with—

Judges  
Chief of Police  
Prosecuting Attorney  
Probation Officers

Playground and Recreation  
associations  
Official and voluntary pro-  
tective agencies

- 3 What facilities exist to find, treat and follow up all persons infected with syphilis or gonorrhea, and to help all other persons to avoid infection?

This would require interviews with—

Health Officer  
Medical Society officers  
Representative private physicians  
Clinic and hospital directors

Public health nurses  
Social agencies  
Medical directors of indus-  
trial companies and busi-  
ness firms

- 4 What are the existing means and methods of public information on social hygiene?

This would require, in addition to what is learned in the course of the above interviews, talks with—

Librarians—to learn what literature is available for general circulation  
Newspaper editors  
Lecture bureaus  
Radio officials  
Managers of motion picture and recreation agencies  
Chambers of Commerce, employers and employees in industry and business

## Plan for Work

With a picture of the community's facilities and needs before them, the working program may be outlined. In most cases the needs will usually have been found to be great.

First efforts probably will be directed toward one or all of three aims:

### 1 Meeting emergent needs

Since voluntary social hygiene groups are being urged at present to aid the state and federal government campaign against syphilis and gonorrhea and prostitution in every way possible—it is likely that most can be accomplished now by backing up the program which health officials, Army, Navy and Social Protection workers approve.

### 2 Working on a social hygiene information program

This is the voluntary social hygiene society's greatest opportunity for service in the present campaign—to "tell all the people" the facts about syphilis and gonorrhea. Build your informational program around some special event such as *Social Hygiene Day* and keep it active throughout the year.

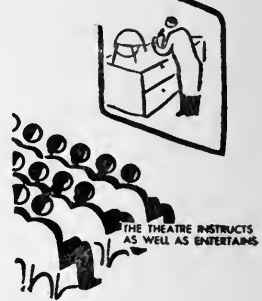
### 3 Building up a group of persons in the community ready to participate in and support the social hygiene program

For approved groups Society membership in the American Social Hygiene Association (annual dues \$10.00) will be helpful. This makes possible, for \$1 each for local members, joint membership privileges, including the JOURNAL OF SOCIAL HYGIENE, *Social Hygiene News* and free pamphlets. Annual dues are payable through the local treasury.

# A COMMUNITY SOCIAL

HOW IT WORKS — WHAT

## PUBLIC INFORMATION AND HEALTH EDUCATION



## MEDICAL AND PUBLIC HEALTH ACTIVITIES



## LEGAL AND PROTECTIVE ACTIVITIES



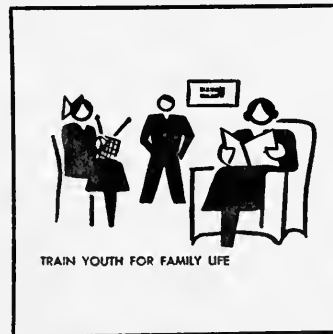
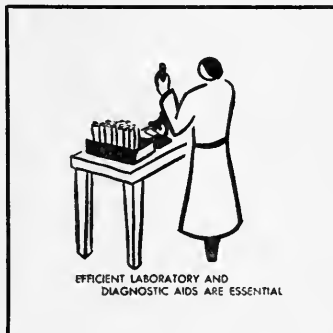
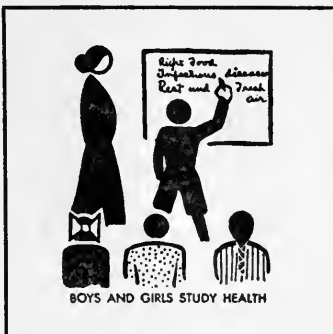
## SEX INSTRUCTION AND TRAINING FOR FAMILY LIFE



SOCIAL HYGIENE IN YOUR TOWN WILL

# HYGIENE PROGRAM

DOES — WHO DOES IT



## Community Agencies and Groups Concerned (a partial list)

### Official Agencies

Health department  
Hospitals and clinics  
Welfare Department  
Police department, including women police  
Probation officers  
Courts—domestic, women's, juvenile  
Social protection workers  
Defense council  
Schools and colleges  
University extension services  
Public playgrounds and recreation services  
Public libraries

### Voluntary Agencies

Social hygiene societies or committees  
Health associations  
Council of social agencies  
Community chests and war chests  
Medical societies  
Visiting nurses' associations  
Pharmacists' associations  
Parent-teacher associations  
Women's clubs  
Chamber of Commerce, including Junior Chamber of Commerce  
Churches, church federations and ministerial associations  
Y.M.C.A. and Y.W.C.A.  
Y.M.H.A. and Y.W.H.A.  
Jewish Welfare Board  
Red Cross  
Catholic Community Service  
Traveler's Aid Society  
United Service Organization  
Knights of Columbus  
Civic, fraternal and patriotic societies  
Labor organizations  
Health and welfare departments of industry  
Marriage counsel services  
Boys' and girls' clubs  
Grange  
Newspapers and magazines  
Radio stations  
Motion picture theaters

HELP BUILD BETTER HEALTH FOR AMERICA

American Social Hygiene Association  
1790 Broadway, New York

## SOME THINGS A COMMUNITY SHOULD KNOW ABOUT ITSELF

### QUESTIONS SUGGESTING TO LOCAL GROUPS HOW A PICTURE MAY BE OBTAINED OF SOCIAL HYGIENE CONDITIONS.

*In studying these questions it is generally best to set up committees for each of the special fields of work, each committee including members especially qualified by training and interest to guide the inquiry. That is, physicians and nurses on the health and medical committee; lawyers, police and court officers and social workers on the legal and protective committee; parents and teachers on the sex education committee, and librarians, health educators and publicity workers on the public information committee.*

#### 1. Public Information and Education

##### 1 Health agencies

- a Do your local health authorities carry on a public health educational program?

Is instruction included regarding prevalence, gravity, prevention and the need for diagnosis and medical care of syphilis and gonorrhea? Relation of commercialized prostitution to the spread of venereal disease?

- b Do voluntary organizations or institutions provide such instruction?

- c Is special attention given to the instruction of industrial workers?

- d What means are used in the venereal disease educational program?

Social Hygiene Day programs?	Motion picture films?
Special meetings?	Radio?
Lectures?	Special exhibits?
Newspaper articles and notices?	Distribution of pamphlets or other literature?

##### 2 Newspapers

Do your local newspapers print news about the prevention and control of syphilis and gonorrhea? If not, would they do so if dependable news stories were furnished them?

##### 3 Motion Pictures

Have your local film theatres ever shown social hygiene drama films such as *Damaged Lives?* *Damaged Goods?* *Dr. Ehrlich's Magic Bullet?* *No Greater Sin?*

##### 4 Radio

Are social hygiene talks including syphilis and gonorrhea given from your local stations? Regularly? Occasionally?

## 5 *Public Libraries*

- a Are authoritative books and pamphlets on social hygiene including good recent material, in your library?
- b If not, is any effort made by club or other groups to stimulate interest in purchasing approved books?
- c Is the librarian familiar with the facilities of the American Social Hygiene Association for assistance to libraries? i.e., Library membership service? Package libraries? THE JOURNAL OF SOCIAL HYGIENE? *Social Hygiene News*?

## 6 *Pharmacies*

Have pharmacists been asked to cooperate in public education? By distribution of literature? By window exhibits? By referring inquiries to physicians and clinics? By refusing to sell remedies for any venereal disease?

## 7 *Industrial Health and Welfare Departments*

Do industrial concerns give instruction to their employees concerning venereal diseases through their medical, first-aid, or personnel departments? By distributing pamphlets? Presenting motion pictures? Giving medical shop talks?

## 8 *Workers' organizations*

Do organizations of industrial workers make information available to their members concerning venereal disease? By distributing pamphlets? Scheduling informational discussions as part of their regular meetings? By printing articles in their publications?

# II. *Provision of Adequate Health and Medical Services*

## 1 *Health Officers*

- a Have you a local health officer?
- b Does he serve part-time or full-time?
- c Does he have an adequate staff?

## 2 *Health Department*

- a What division or bureau in the Health Department is specifically charged with control of syphilis and gonorrhea?
- b What are its activities in regard to these diseases?
- c What did it accomplish during the year past?
- d Is there a special budget for venereal disease control?
- e How much does it provide per capita of population?

# HOW SYPHILIS AND GON

From "A"

Transmission

*The infected person  
with the disease in an  
infectious stage*

*Usually*—by direct sexual contact (both

*Frequently*—by prenatal infection of child

*Sometimes*—from mother to baby's eye

*Occasionally*—by non-genital direct contact

*Rarely*—by contacts with intimate persons  
contaminated with the germs of the

## How a Community Social Hygiene Program Works Conserve American

### *For "A"—The Infectious Individual—Medical and Public Health Measures*

1. *Diagnosis and advice* for the individual who may have become infected
2. *Treatment* for the benefit of the infected individuals and protection of the public
3. *Personal instruction* regarding the seriousness of the disease and the protection of others against infection
4. *Social-service follow-up* for keeping the individual under treatment, and for tracing family and other contacts and the possible sources of infection
5. *Confidential reporting* of cases to the health authorities for further assistance in caring for the infected individuals and protecting the public
6. *Isolation or quarantine measures* when necessary because of inability, failure, or refusal of the individual to carry out instructions

### *For All — Long-range*

1. *Provision of ample and widespread information* for the public concerning syphilis and gonorrhea and all the facilities and influences which may be enlisted in combating them
2. *Requirement of premarital health examinations* by physicians, including practical tests for syphilis, and provision for guidance, treatment or control of those infected
3. *Requirement of prenatal examinations* of all pregnant women, including tests for syphilis; and *use of standard silver nitrate drops in all newborn babies' eyes* to prevent gonorrheal ophthalmia
4. *Development of family consultation services and centers* through which advice regarding marriage, health, medical, and other assistance can be secured



# ORRHEA ARE TRANSMITTED

ccurs

philis and gonorrhea)

y mother (syphilis)

uring birth (gonorrhea)

both syphilis and gonorrhea)

elongings or common utensils freshly  
isease (both syphilis and gonorrhea)

To "B"

*The non-infected person susceptible to infection*

## o Break the Chain of Infection and to Improve and amily Life

### *For "B"—The Susceptible Individual—Education and Environmental Measures*

1. **Sex education** as a factor in influencing character and conduct
2. **Wholesome recreation** and community-supervised recreation and entertainment facilities
3. **Environmental safeguards** designed to prevent sexual promiscuity and delinquency
4. **Police and court action** in the repression of the "business" of prostitution and exploiting of men and women
5. **Legal action and custodial care** of individuals when necessary to protect the community and its citizens
6. **Education and provision for adequate prophylactic treatment** for individuals who may be exposed

### **Community Measures**

5. **Promotion of parental, school, and church instruction** in relation to sex knowledge and conduct which is best for the individual and society
6. **Promotion of measures for limiting use and controlling the abuse of alcohol**, and for the effective control of habit-forming drugs
7. **Encouragement of further research** on the nature and prevalence of syphilis and of gonococcal infections, and medical and public-health measures for dealing with them
8. **Encouragement of all general efforts to safeguard the family** and enable individuals to provide food, shelter, working and recreation conditions conducive to healthier and happier people living under conditions favorable to attaining the normal satisfactions of family life and upbringing of children

### 3 *Reporting*

- a Are syphilis and gonorrhea cases reported to the local or state Health Departments?
- b Do local ordinances supplement state requirements as to reporting?
- c How many cases of each of these diseases were reported during the year past? By physicians? By clinics and hospitals?
- d Are case reports for these diseases increasing or decreasing? Any change is attributed to what reasons?
- e What does the local Health Department do with the reports received?

### 4 *Diagnostic Facilities*

- a Where can an individual possibly infected go for diagnosis? Private physician? Local clinics?
- b Where do social agencies send cases for diagnosis?
- c Are laboratories readily available for performing proper tests for syphilis and gonorrhea? Local health department? State health department? Private laboratories? What, if any, charge is made for tests by tax supported laboratories?

### 5 *Local Treatment Facilities*

- a Is there in your community a clinic for the treatment of indigents having syphilis or gonorrhea?
- b If not, what provision is made for treatment of these diseases, particularly of those unable to pay the full fees of competent private physicians?
- c For both clinic and private patients
  - (1) Does your community provide or assist in securing competent personnel to follow up:
    - Lapsed and irregular attendance cases?
    - Contacts, including sources of infection, of patients among families and intimates?
  - (2) What percentage of patients remain under treatment until permanently noninfectious? Until cured or discharged?
- d Does the county, state, or federal government supplement in any way the local provisions for treatment?
- e What measures have been instituted by the local medical society to aid in the control of syphilis and gonorrhea?

- f What is the local consensus of opinion as to the adequacy of treatment facilities for all classes of patients, paying, part-paying, and indigent cases?
- g Do relief agencies cooperate with medical and health agencies in providing medical care for those recipients of relief who are infected with syphilis or gonorrhea?
- h Are there facilities for the hospitalization or isolation of cases of syphilis or gonorrhea requiring such care? Little girls having vaginitis? Infectious cases of syphilis or gonorrhea which may be a menace to the public health?

## 6 *Prophylaxis*

- a Are prophylactic stations or other methods available for treatment to prevent infection if exposure to syphilis and gonorrhea occurs?
- b Does your state law require treatment of all newborn babies' eyes with standard silver nitrate drops to prevent eye infections—particularly gonorrheal ophthalmia? Is the law generally observed? What are the statistics for blindness from this cause in your community and state? Do they compare favorably with the statistics of other states?

## 7 *Prenatal Care*

- a Is attention paid in your public health work to the prevention of prenatal syphilis by the treatment of syphilis in pregnant women?
- b Are all pregnant women given suitable tests for the discovery of syphilis? By hospitals? By clinics? By private physicians?
- c Does your state law require birth certificates to show whether or not the mother was examined for syphilis?
- d If a pregnant woman is found to be infected, is she given suitable treatment in order to ensure the birth of a healthy baby?
- e Are husbands and previous children of pregnant syphilitic women brought under medical observation for the discovery of possible syphilitic infection?

## 8 *Quacks*

- a Do your local papers carry advertisements of remedies for syphilis and gonorrhea, "blood diseases," "female troubles," "lost manpower," "discharges"?
- b Do the papers advertise the treatment of the conditions by individuals calling themselves "doctors," "men's specialists," etc.?
- c What are the health and medical authorities, pharmaceutical societies and other agencies doing to suppress the activities of these persons?

### **III. Legal and Protective Measures**

#### **A. Protection of Marriage and Childhood from Syphilis and Gonorrhea**

##### **1 Premarital Examinations**

Does your state have a law requiring that applicants for marriage license have an examination for syphilis by a qualified physician, including a blood test? Under what circumstances does the law provide that license shall be refused, or provisions waived?

##### **2 Prenatal Examinations**

Does your state have a law providing that expectant mothers shall be tested for syphilis? What are the provisions of the law in case syphilis infection is found?

##### **3 Other Protective Legislation**

What other state laws exist for protection of marriage and babies from venereal diseases? Such as provisions for reporting cases, tracing sources of infection, or requiring quarantine and treatment?

#### **B. Prevention of Delinquency**

##### **1 Policewomen**

a How many, if any, women police officers does your community have?

b What qualifications are required in policewomen appointees?

c What are their duties?

(1) Do they patrol public places, with the object of safeguarding women and children?

(2) Do they investigate complaints involving sex offenses by or against women and children?

(3) Do they supervise and attend women held in detention for sex offenses?

(4) Do they assist in preventing street soliciting?

##### **2 School Social Service**

a Are there visiting teachers? Attendance officers?

b What are their duties?

##### **3 Playgrounds**

a What proportion of children is provided with playgrounds in your community?

b How are they supervised?

- c Are vacant lots available which might be converted into playgrounds?
- d Are school yards and equipment made available under supervision, out of school hours?

#### 4 *Public Dance Halls*

- a Do you have public dance halls? Taxi-dance halls?
- b Are they licensed? Investigated by a responsible agency before licensing?
- c How are they supervised? Are any cases of sex delinquency traceable to these dance halls?

#### 5 *Motion Picture Houses*

What is the character of the pictures shown?

#### 6 *Other commercialized amusements should provoke similar questions:*

Theatres	Road houses within or near the city limits
Beer gardens	Tourist camps
Parks and picnic grounds	Street fairs
Pool rooms and other gathering places of boys	Public exhibitions such as beauty contests and marathons
Restaurants	

#### 7 *Sale of Indecent or Borderline Literature and Materials*

- a Is any local agency charged with the responsibility of control?
- b Do the police make any effort toward restraint of such sale?

#### 8 *Special Population Problems*

- a Are there any special nationality or racial groups to be considered in civic planning of protective and recreational measures?
- b Are facilities for recreation adequately provided to meet the special needs of all the various groups?

#### 9 *Social Opportunities*

- a Do your churches, and religious agencies, settlement houses, or other private organizations provide social opportunities for young people?
- b If so, of what kind?
- c Are public halls (including school buildings) made available for neighborhood meetings for culture or recreation purposes?

#### 10 *Adult Education*

What classes for craftsmanship or culture are open to adults? Under public auspices? Under private auspices?

**C. Law Enforcement Against Prostitution****1 Laws**

- a Have you state laws and local ordinances concerning the following?

Keeping a house, trailer or other conveyance for prostitution

Soliciting on the street and in public places

Living on the proceeds of prostitution

Making the man customer equally liable with the commercial prostitute

Procuring or pandering

Compulsory examination and treatment of sex offenders

Go-betweens

Impairing the morals of a minor

- b Are these laws considered adequate by your Mayor and other city officials, the district attorney, or other officers?

**2 Police**

- a Is any special section of the police force assigned to handle the above cases? How is the work organized?

- b What is the attitude of the police force towards repression of prostitution, particularly its organized aspects?

- c (See also III, B. 1)

**3 Detention Houses**

- a Where are cases of women offenders detained pending trial?

- b Is provision made for separating young from older and more hardened offenders during detention?

- c Are provisions for detention considered adequate?

**4 Courts**

- a In what type of court are cases for these offenses tried?

- b If such cases are not tried in a special court or division of the court, are they tried at a separate session?

- c Are records kept, showing dispositions of these cases from arrest through trial and sentence, or discharge by the court?

**5 Medical Examinations**

- a Is a medical examination of these cases made at some time after arrest?

- b By whom is the examination made?

- c At what stage of the court proceedings, before or after conviction?

- d Is this routine or only in special cases?

- e Are suitable tests for the discovery of syphilis and gonorrhea included in the medical examination?
- f If defendants are men, are they also examined?
- g Is a diagnosis of venereal disease permitted to affect conviction or sentence?
- h If a venereal infection is found, is suitable treatment administered?
- i By whom?
- j After an infected person is released from police or court custody, are medical follow-up and treatment provided? By whom?

#### 6 *Probation*

- a Are women sex offenders ever placed on probation?
- b Have you paid women probation officers?
- c Have you voluntary probation officers or Big Sister and other workers?
- d Are men arrested in prostitution cases placed on probation?
- e What facilities exist for education, training and protection of probation cases?

#### 7 *Reformatory or Penal Institutions*

- a To what types of institutions are women sex offenders sentenced?
- b Do such institutions carry on a program of modern reformatory measures?
- c To what types of institutions are men and boys in prostitution cases sentenced? Do they receive any character-building help?

### *IV. Sex Instruction and Education for Human Relations.*

#### 1 *Through Homes*

- a What are the general attitudes of parents toward sex education, and training for marriage and parenthood, as evidenced by individuals and groups, like parent-teacher associations, women's clubs, and men's clubs?
- b What provisions are made for informing and training parents in these matters? How effective is this training?
- c What is the general parent attitude toward having home efforts supplemented by those of other qualified agencies, such as schools, churches, and service groups for boys and girls?

## 2 Through Schools

- a What is the attitude of school officials (board, superintendent, principals) toward social hygiene education in schools? How familiar are they with experience of other schools in this field?
- b What is the extent of sex education and of training for marriage and parenthood in the schools?
  - (1) In what schools and grades are such courses as nature study, biology, physiology, hygiene, physical education, home economics, social sciences and literature utilized for this type of instruction?
  - (2) In what schools is personal counsel given to students in meeting problems arising in sex conduct?
  - (3) In what schools are extra-curricular activities planned to provide social contacts between boys and girls?
- c What provision do the schools make for cooperating with homes and other agencies in the matter of instruction and guidance? Through parent-teacher associations? Through other means?
- d What is the general opinion of the community regarding the effectiveness of these school measures?

## 3 Through Colleges and Universities

- a What is the attitude of college and university officials toward social hygiene education in their institutions? How familiar are they with the experience of higher educational institutions in this field?
- b What is the extent of social hygiene education in the colleges and universities?
  - 1 In what institutions are courses in departments of biology, physiology, hygiene, psychology, sociology, physical education, home economics, education, and in bacteriology and public health utilized for this type of instruction?
  - 2 In what institutions is personal counsel given to students for meeting problems in sex conduct?
  - 3 What provision is made in these institutions for guiding the social life of their students?
- c What is the general opinion regarding the effectiveness of the measures in colleges and universities?

## 4 Through Churches

- a What churches give needed instruction and guidance in sex conduct to younger boys and girls, by means of inclusion of appropriate subject-matter in church-school classes or groups? By personal contacts of pastor or leaders?



- b What churches, through lectures and discussion groups for older boys and girls and young people, give preparation for marriage, parenthood, and successful family life?
- c What churches, through lectures and discussion groups, aid parents to instruct and guide their children in matters of sex conduct, and preparation for marriage and parenthood?
- d What churches give personal counsel on pre-marital and marital problems?
- e What is the general attitude of parishioners toward this work and its effectiveness?
- f In what ways are the churches cooperating with other agencies in guiding the sex conduct of children and youth?

#### *5 Through Other Agencies*

- a What use is made of youth organizations (e.g., Campfire Girls, Scouts, girls' and boys' clubs, etc.) to give needed instruction and guidance in sex conduct to boys and girls entering adolescence?
- b What instruction and guidance in sex conduct are given by those in charge of institutions for children? By social workers? By probation officers? Others?
- c What provision is made by these or other agencies for consultation on premarital and marital problems?
- d What is the general opinion as to the effectiveness of such measures?
- e What measures for public education in the social hygiene field are being undertaken by any other agency in the community? (See also I.)
- f Is there any evidence that these educational measures are helping to prevent venereal disease infections and unwise sex conduct?

#### *V. Measures for Coordination and Correlation of Official and Voluntary Activities in the Whole Social Hygiene Field*

- 1 What efforts have been made to develop a balanced program of social hygiene work in your community?
- 2 What are the next steps which should be taken?

## SOME ASPECTS OF VENEREAL DISEASE PREVENTION IN WARTIME \*

THOMAS B. TURNER

*Lieutenant-Colonel, M. C., Chief, Venereal Disease Control Branch, Office of  
the Surgeon General, United States Army*

The venereal disease rates in the Army at the present time are substantially below those for the period of World War I, and only slightly higher than the rate for the preceding 10 years of peace. But the rate of 40 per 1,000 for 1941, and the somewhat lower rate thus far in 1942 are still too high. Too many soldiers are still being infected; too many selectees are still reporting for duty with venereal disease.

During the past two and a half years a number of important steps have been taken to mobilize the health forces of the country, both military and civilian, to meet this problem. In 1940 the so-called *Eight Point Agreement*, which promised close cooperation between the armed forces, the United States Public Health Service, state health departments and the American Social Hygiene Association, was signed. In the same year arrangements were made whereby the Public Health Service assigned a liaison officer to the headquarters of each service command to assist with extra-cantonment sanitation, including venereal disease control. In April, 1941, the Social Protection Section, Defense Health and Welfare Services was organized, and later the Interdepartmental Liaison Committee on Venereal Diseases was created. This committee, comprising representatives of the Army, the Navy, the Public Health Service, the Social Protection Section and the American Social Hygiene Association, meets at frequent intervals to discuss matters of policy and procedure. Early in 1942 authorization was given for the assignment of specially trained venereal disease control officers to the major headquarters of the Army, and more recently law enforcement agencies, notably the Federal Bureau of Investigation and the International Association of Chiefs of Police, have been brought into the picture.

I think it fair to say that never before in the history of the country has the stage been set so well for a concerted attack on these diseases. I have just come from an important conference at Hot Springs on venereal disease control. I was deeply impressed with the potential influence of the well trained and enthusiastic men and women

\* An address delivered at a Regional Meeting of the American Social Hygiene Association, held in St. Louis, Missouri, in cooperation with the Missouri Social Hygiene Association and other state and community agencies, October 25, 1942.

gathered there, some in uniform, some not, but all with one objective, and a determination to work together to achieve that objective. Again tonight under the auspices of the American Social Hygiene Association and the Missouri Social Hygiene Association is presented tangible evidence of the resources in man and woman power available to deal with the problem of venereal disease.

If we have learned anything from the experience of the past two years it is that the control of venereal disease among troops must be a collaborative effort between military and civilian authorities. In this effort the American Social Hygiene Association is playing an important role. From the Army's viewpoint the Association is making two significant contributions.

First, its trained investigators are making careful studies, of a confidential nature, of vice conditions in communities adjacent to camps, and where camps are to be established. Made as they are by experienced representatives of a voluntary organization, these studies are regarded alike by military and civilian authorities as objective and accurate, and the reports are widely used as a basis for social action. We hope that they will be continued.

Secondly, I believe that through its central organization and its affiliated societies, the Association can take a major part in interpreting to local communities the objectives and the procedures of the control program in which we are all collaborating.

It must be kept constantly in mind that we are here dealing primarily with a problem in preventive medicine; the immediate task is to keep our soldiers and workers well and effective. But as one charged with a measure of responsibility in this respect, I am deeply conscious of the complex social and ethical aspects of this problem. We all agree that commercialized prostitution is a breeder of venereal disease and should go. I believe it is no exaggeration to say that remarkable progress has been made during the past two years in suppressing the most obvious and perhaps the most dangerous type of prostitution, namely the red-light district and the brothel.

But now the evidence points to the fact that other forms of social misbehavior are beginning to play a prominent role in spreading venereal disease, and hence must assume a place in our preventive program. An increasingly larger proportion of soldiers are being infected by pick-up, tavern and dance hall girls and the like. It is often difficult to know just who is and who is not a prostitute. In any case the important element in this picture is not the individual girl, but the business structure that makes it possible for a girl to expose numerous contacts. To express this idea, Dr. Donald Williams, of British Columbia, has coined a new phrase, "the facilitation process." He maintains, and rightly, I believe, that we should cease speaking of prostitution in this connection, and concentrate our social and legal efforts on finding and suppressing the "facilitators"—the tavern keepers, the bell boys, the taxi drivers and the owners of these businesses who facilitate the spread of venereal disease.

This approach appeals to me strongly, for I have been disturbed by the tendency in some places for law enforcement officials, often at the prodding of those concerned with venereal disease control, to engage in a determined hunt for young girls to the exclusion of the more important job of getting at the facilitators.

In order to re-orient thinking on this subject, thoughtful and repeated instruction in one form or another must be given to the responsible citizens of our communities. This is a job that the American Social Hygiene Association and its affiliated branches are admirably equipped to do.

In closing I wish to point out that new conditions are creating new problems in venereal disease control. Our young men and women are finding it necessary to make rapid and repeated adjustments in an upheaving world. It is difficult to predict what social and ethical changes these will bring. But I do predict that our young soldiers and our young girls as well, will work out their problems in a sane and wholesome manner. Let us not spend too much time trying to stem the tide of social change. Let us make it a part of our job to study these changes in order that we may help these young men and women to make their changing world a little safer from venereal disease.

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### **A Memorandum from the Public Health Service**

#### *To State and Local Health Officers:*

Never before in the history of America's fight against venereal disease has there been greater need for coordinated, aggressive action on all fronts. Never before have we been faced with greater problems or greater opportunities.

National Social Hygiene Day, February 3, 1943, thus has larger significance than ever before. Every indication is this day will bring an inspiring display of strength from all the elements which compose our great army of venereal disease fighters.

Under the National leadership of the American Social Hygiene Association, Federal, State and local organizations, community groups, and progressive individuals will meet throughout the land to review our progress, our problems, and our strategy for the year that lies ahead.

As National co-sponsor of Social Hygiene Day, the U. S. Public Health Service, through the Division of Venereal Diseases, calls upon its associates in State and local health departments to cooperate in making the coming Social Hygiene Day an aggressive, successful event. Here is our opportunity for focusing the attention of the entire Nation to our accomplishments, our problems, and our plans for the future.

R. A. VONDERLEHR

*Assistant Surgeon General, Division of Venereal Diseases*

## GETTING SOCIAL PROTECTION ACROSS

RAY H. EVERETT, F.A.P.H.A.

*Chairman, Section on Social Protection and Venereal Disease Control,  
Civilian Mobilization Division, Office of Metropolitan Area Civilian  
Defense, Washington, D. C.*

Within the past year many national leaders of war activities, including President Roosevelt, Secretaries Stimson and Knox, Federal Security Administrator McNutt, and Surgeons General Magee, McIntyre, and Parran, have emphasized the need for community "social protection" measures. Numerous general declarations have been made regarding the necessity for repressing prostitution, the main source of venereal infection, and for safeguarding young people from exposure to conditions conducive to sexual delinquency. But responsible civic leaders have asked "What are the specific gaps in our community's social-protective defenses, and how can they best be remedied?" To answer these and similar questions in Washington, the Section on Social Protection and Venereal Disease Control, Office of Civilian Defense, District of Columbia, voted to hold an Institute on Social Protection, September 25-26, 1942.

In order to focus the attention of all civic welfare agencies and organizations quickly and effectively on this field the D. C. Council of Social Agencies was invited to sponsor the project. Accepting the responsibility the Council's Committee on Family Welfare, Mrs. Frank Linzel, chairman, started immediately to plan the program, arrange for meeting places, secure speakers, and discussers, and to enlist the attendance of persons who, because of their direct professional or voluntary interests and contacts, would play leading parts in the resulting plans for civic betterment.

Already the success of this endeavor in the National Capitol has inspired requests for advice on the initiation and development of similar institutes. Hence our brief article will confine itself mainly to the physical setup and arrangements rather than attempting to cover the contents of the many excellent papers, addresses, reports, and discussion included in the program.

Because of its host of Federal officials and workers, its thousands of visiting Service men from nearby camps, its numerous attachés and employees of foreign powers, and its vital importance as the

seat of government, the District of Columbia's social welfare structure is more complicated than are those of most communities. Adequate consideration of Washington's social protection problems, therefore, demanded that Federal and District official agencies be well represented in the various sessions along with the voluntary agencies. A glance at the following Institute program will show how comprehensively the discussions were developed by Mrs. Linzel and her Committee associates.

9 A.M.—September 25, 1942.—United States Chamber of Commerce Building.

*Presiding:* Mrs. Frank Linzel, Conrad Van Hyning.

*Speakers:* J. A. Nolan, Ph.D., Washington Criminal Justice Association: Summary of recent study of 2,559 arrests of prostitutes in the District on charges of soliciting, fornication, disorderly conduct; investigation. Evaluation of laws against soliciting; owning and operating a house; taxicab operations; hotels, etc. Evaluation of present facilities. Recommendations.

Alvin Griesedieck, Chairman, Board of Directors, Brewing Industry Foundation: Present program; difficulties in operation; coordination with other programs. Recommendations.

Thomas E. Lodge, Chairman, A.B.C. Board: District laws and regulations, enforcement, cooperation with other programs inclusive of military services; regulations of dine and dance places, etc. Recommendations.

B. A. Vonderlehr, M.D., Director, Division of Venereal Diseases, U. S. Public Health Service: Evaluation of existing health laws in the District; of present venereal disease program; of existing facilities for quarantine. Recommendations.

*Discussion:* Representatives from the D. C. Medical Society and the Medico-Chirurgical Society.

Major William A. Brumfield, Chief, Civilian Collaboration Section, Venereal Disease Control Branch, Surgeon General's Office, U. S. Army: Venereal disease in a war program; the relationship of the District situation to the Army needs in this area.

Harvey C. Callahan, Ass't Supt., Metropolitan Police Department: Police policies and practices where prostitution is concerned; need for coordination with other agencies; evaluation of police program. Recommendations.

*General Discussion and questions.* (Bascom Johnson of the ASHA staff was a discussor).

12:30 P.M. Luncheon Meeting—Young Women's Christian Association.

*Speaker:* Senator Robert M. LaFollette, Introduction by Judge Fay Bentley.

2:15 P.M.—Chamber of Commerce Building.

*Speakers:* Eliot Ness, Social Protection Section, Office of Defense Health and Welfare Services: Rehabilitation in a Social Protection Program.

A. Madorah Donahue, Chief, Protective Services for Children, Board of Public Welfare: Relation of the social work program to the emergency needs of the present where prostitution and sex delinquency is concerned; how the practices can be sharpened or programs intensified to help in the protective and treatment programs that are needed.

Francis McPeck, Director, Social Welfare Department, Washington Federation of Churches: Summing up of all papers. General discussion.

September 26—10:00 A.M.—12:30 P.M.

*Round Table:* Reverend Thomas E. Mitchell, STD, Dean, School of Social Work, Catholic University of America: Discussion Leader. (Open to all social case workers and group workers.) Role of the social worker in prevention and treatment of social protection problems.

The Committee on Institute Planning was: Mrs. Frank Linzel, Chairman; Captain Rhoda Milliken, Women's Bureau; A. Madorah Donahue, Protective Services for Children; Marie Duffin, Social Protection Section, Office of Defense Health and Welfare Services; Alice Padgett, School of Social Work, Catholic University; Lucia Murchison, Health Department; Edward L. Ackerman, Council of Social Agencies; Ray H. Everett, D. C. Social Hygiene Society.

Inasmuch as the Social Hygiene Society of the District of Columbia has been for a quarter-century the voluntary agency dealing specifically with the problems of prostitution and venereal disease control in Washington, most of the Institute findings were based on needs and policies enunciated by that Society over the course of years. These findings resulted in recommendations which included:

1. An increase in the number of police available for prostitution control.
2. More case conferences among agency workers in rehabilitative fields.
3. Provision of indeterminate sentences for misdemeanants in order that the sentence fit the needs for treatment and service.
4. Distinct lines of demarcation be maintained between the legal phases of prostitution and the medical treatment of venereal infections, the first being a law-enforcement problem, the second a public health problem.
5. Provision of quarantine facilities open to both voluntary and legal commitments, where social service procedures will supplement medical treatment in the rehabilitation program.
6. Enactment of prenatal and premarital health laws providing for blood tests of expectant mothers and prospective marital partners.
7. Extension of facilities for diagnosing and treating syphilis and gonorrhea, and use of Negro physicians, nurses, and medical social workers in clinics where Negro patients form the clientele.
8. An early conference wherein judges, prosecutors, police, health, and social service workers can present their views to each other.
9. A strengthening of prostitution laws so that the "call house" and "beer joint" situations can be dealt with more adequately.
10. A continuance of the public education program.

Adding measurably to the conferees' basic data was the report by Dr. James A. Nolan, director, Washington Criminal Justice Association, who summarized the results of a late study analysing 2,559 prostitution arrests and their court dispositions. Similarly the Institute owes a real debt to such agencies of national scope as the U. S. Public Health Service, Social Protection Division, and the American Social Hygiene Association whose background and experience were so extensively represented in the facts, figures and philosophy presented by Dr. Vonderlehr, Eliot Ness, Major Brumfield, Bascom Johnson *et al.*

The luncheon session was made notable by the address of Senator Robert M. LaFollette who epitomized the fine Congressional support and understanding achieved for social hygiene activities in recent years. As co-sponsor of the La-Follette-Bulwinkle Act authorizing annual appropriations to the United States Public Health Service for aiding Federal and State venereal disease control, and as a consistent and devoted advocate of all that is best in social protective measures, Senator LaFollette always is a welcome guest of those who work to improve social welfare and public health.

One measure of the Institute's value and importance was the amount of space accorded it by the press. Even the tremendous pressure of war and political news—and Washington papers must give broad coverage to these happenings—couldn't keep the Institute off the front pages. So interesting and timely were its facts and discussions, so vital were they to the whole public, that Washington's newspapers gave the proceedings many columns of space on the most prominent pages. Among the results of this publicity surge was the prompt calling of a meeting by Senator Pat McCarran, chairman, Senate Committee on the District of Columbia, to consider strengthening Washington's defenses against prostitution. The District Commissioners have taken a fresh interest in this field, the police have conducted extensive raids on places allegedly used for prostitution, the judges and prosecuting authorities have pledged whole-hearted cooperation, the public has become more alert, and the whole community consciousness of the civic menace involved in the prostitution racket has been aroused and energized.

Now that the ball is "in play" its up to every Washington individual to help keep it rolling. For the problems are not merely police and health department responsibilities. Theirs is largely a "salvage" duty. The main lines of social protection rest now, as always, in the school, the church, and—above all—the home.



## "WHEN BROTHELS CLOSE, V.D. RATES GO DOWN"

### PROSTITUTION IN THE SPREAD OF VENEREAL DISEASE IN AN ARMY CANTONMENT AREA \*

BASCOM JOHNSON, JR., M.D., M.P.H., P.A. SURGEON (R)  
*United States Public Health Service, El Paso City-County Health Unit,  
El Paso, Texas*

This is an epidemiological study of the principal places and sources of venereal infections among Army personnel in the El Paso area. El Paso is a city of almost 100,000 population (67 per cent Mexican), situated on the Mexican border in the extreme western corner of Texas. Juarez, Mexico, with a population of approximately 50,000, is the largest border city in Mexico and is located on the Mexican side of the Rio Grande within easy walking distance of El Paso. Fort Bliss, Texas, an expanding military cantonment area with, at present, about 25,000 troops, is located within a short distance of the El Paso city limits.

In March 1941, when this study was started, commercial prostitution was flourishing in El Paso. There were nine well known houses of prostitution under police surveillance and in some respects almost under police protection. The 40 to 70 women working in these houses were examined once a week in the city police department by local health department personnel. The examination consisted of a urethral and cervical smear taken from each prostitute. No cultures for gonorrhea were made. Serologic tests for syphilis were made once every six weeks unless more frequent tests were indicated by the weekly physical inspections. Infected women were placed under quarantine in the county jail until sufficient treatment had rendered them potentially noninfectious.

In Juarez, prostitution was even more flagrant. The Mexican authorities claimed that there were 300 commercial and 80 clandestine prostitutes in Juarez. Prospective clients were openly solicited by many taxi drivers and a considerable number of young boys.

Through the cooperation of Army authorities frequent trips were made by the writer to the venereal disease wards of the two Army hospitals in the vicinity. Each patient with a venereal disease was questioned as to what exposures he might have had during the incubation period of his infection. A careful explanation that the purpose of the study, was to discover where the venereal diseases were coming from was made at the beginning of each interview. The fact was stressed that the information solicited would be kept confidential.

\* A paper presented at the first session of the Epidemiology Section, 71st Annual Meeting of the American Public Health Association, St. Louis, October 27, 1942.

In the interview the point was emphasized that the writer was an officer of the United States Public Health Service and not in the Army and that consequently the detailed information sought would not be seen by the patient's superior officers or any other Army personnel. Only the final statistical analysis would be made available to the Army and other health workers. If the patient being interviewed showed any embarrassment or any reticence in talking freely of his experience, no history was taken and that patient was not included in the study. The names of the possible sources of infection were not even solicited as this information had been previously obtained by the medical officers on the ward. The addresses of the source-cases were obtained.

By this method of approach, it is believed that most of the motives for soldiers to lie about such matters were eliminated. The cooperation under the above circumstances has been unusually good. In only 19 instances out of more than 1,900 interviews did the patient show embarrassment or reticence in discussing his history. No history was taken in such cases. The great majority appeared eager to discuss their problems. This is illustrated by the fact that, usually, within a few minutes of the author's entry into the ward, he was surrounded by a group of soldiers asking questions about the venereal diseases. Every effort was made to answer all such questions, and it was felt that, by doing so, an informal atmosphere was induced which relieved reticence in most instances.

For the purposes of this study rather arbitrary incubation periods have been chosen. An incubation period of from 48 hours to 14 days for gonorrhea, up to 14 days for chancroid disease, and up to six weeks for primary syphilis were the limits decided upon. If the time interval between the date of exposure and the date of onset was greater or less than these incubation periods, the case was not included in the final statistical analysis.

Of the 1,939 case histories that have been collected to date, 795 have been excluded from the study. In 90 cases, there were so many exposures at different addresses during the incubation period of the disease in question that it was impossible to decide which exposure had been responsible for the infection. In 342 cases, the diagnosis was doubtful. In 226, the incubation period between exposure and onset of infection was either too long or too short. This eliminated some histories which might be subject to the criticism of questionable veracity.

In 100 cases, there was considerable evidence that the gonorrhea in question might have been a recurrence. In 37 cases, either the patient was too drunk at the time of exposure to give a reliable history, or the case record could not be located to verify the diagnosis.

This study is based on the Army's final diagnosis. The diagnosis of gonorrhea rests on a positive Gram stain. The diagnosis of chancre syphilis rests on a positive dark-field examination or on a combination of clinical symptoms, plus a positive serological test for syphilis in the presence of a negative past history and negative serology on induction. The diagnosis of chancroid has had no laboratory confirmation. It has been based on the history and clinical appearance of the lesion

in the presence of three consecutive negative dark-field examinations and repeatedly negative serological tests for syphilis for three months after onset. No skin tests for chaneroid or Frei tests were being routinely used at either hospital. More recently the therapeutic trial of sulfonamide powder locally has been found useful in making a diagnosis of chaneroid.

A total of 1,144 cases are included in this study—840 cases of gonorrhea, 205 cases of chaneroid, and 99 cases of syphilis. A disproportionate number of syphilis cases had to be excluded from the study because of the longer incubation period of syphilis in comparison with gonorrhea and chaneroid. This longer incubation period permitted multiple exposures at different addresses and it was impossible therefore to decide which exposure had been responsible for the infection.

Of the 840 cases of gonorrhea, 53 per cent were presumably infected in a house of prostitution. Seventy-three per cent of the 205 cases of chaneroid and 61 per cent of the 99 cases of syphilis claimed infection in a house of prostitution. The prostitute has been found to be the major source of infection in this study.

However, during the course of this study several administrative and diplomatic changes occurred which had a definite effect on the availability of the commercial prostitute in the El Paso-Juarez area. The relative role of the prostitute and the "pick-up" as sources of infection is depicted under varying circumstances in tables I through VI. The variations in the local Army venereal disease rate during the period of this study is shown in *Figure I*.

During the first three and one-half months of the study (March 19, 1941–June 30, 1941) prostitution conditions were flagrant both in El Paso and Juarez. (*Table I*.)

TABLE I

*Place of Exposure and Source of Infection in 369 Cases of Venereal Disease Before Closure of Houses of Prostitution in El Paso And While Prostitution Was Also Flagrant in Juarez, Mexico.*  
March 9, 1941–June 30, 1941

	Syphilis		Gonorrhea		Chaneroid		Total	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
<i>Place of Exposure:</i>								
El Paso, Texas.....	17	51.5	156	56.5	37	61.7	210	56.9
Juarez, Mexico .....	6	18.2	64	23.2	20	33.3	90	24.4
Elsewhere .....	10	30.3	56	20.3	3	5.0	69	18.7
Total .....	33	100.0	276	100.0	60	100.0	369	100.0
<i>Source of Infection:</i>								
House of prostitution.....	25	75.8	200	72.5	47	78.4	272	73.7
Pick-up <sup>1</sup> .....	4	12.1	45	16.3	10	16.6	59 <sup>2</sup>	16.0
Friend or other source....	4	12.1	31	11.2	3	5.0	38	10.3
Total .....	33	100.0	276	100.0	60	100.0	369	100.0

<sup>1</sup> Bar, dance hall or street.

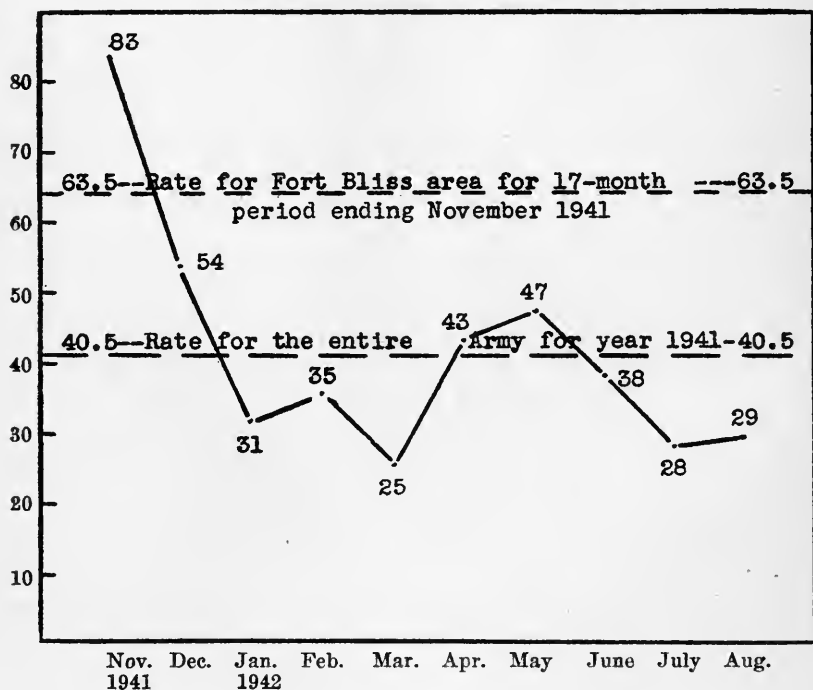
<sup>2</sup> Of the 59 pick-ups, 16 (4.3 per cent of the 369 sources) were prostitutes, the criterion being that the exposure was paid for.

*Prostitution caused a total of 78.0 per cent of the 369 infections.*

The women in the nine well-known houses of prostitution in El Paso were being subjected to weekly examination by conscientious health department personnel at the city police department. During this period it was found that 74 per cent of the infections were presumably coming from houses of prostitution and 11 per cent were apparently coming from "non-prostitute pick-ups." Of the total of 369 cases in this part of the study 57 per cent incriminated El Paso. The remaining 43 per cent were apparently fairly evenly divided between Juarez and communities outside the El Paso-Juarez area.

FIGURE I

*Corrected Army venereal rates for the entire Fort Bliss area from November 1941 through July 1942. (Rates are expressed as the number of cases per 1,000 men per annum.)*



However, of 183 cases of venereal diseases in which the place of exposure was said by the infected soldiers to have been in El Paso, 154 of them or 84 per cent incriminated one or more of the nine houses of prostitution where the women were examined once a week.<sup>(1)</sup> The inadequacy of the periodic examination of prostitutes in controlling the spread of venereal disease is amply illustrated by these figures—84 per cent of the disease coming from El Paso was traced to the prostitutes being examined once a week.

There followed a three month period (*Table II*—July 1, 1941–September 30, 1941) when the houses of prostitution in El Paso were closed and the periodic examination of these women by the health department had been abandoned. However, prostitution was still flagrant in Juarez and at one-half the price, 50 cents instead of one dollar. During this period, the proportion of venereal disease coming from El Paso seemed to decrease about 25 per cent. But, the proportion coming from Juarez apparently increased by an equal amount. The role of the non-prostitute pick-up seemed to increase somewhat. There was no appreciable decrease in the army venereal rate during this period.

TABLE II

*Place of Exposure and Source of Infection in 160 Cases of Venereal Disease Acquired After Closing of Houses of Prostitution in El Paso, But While Prostitution Was Flagrant in Juarez, Mexico. June 30, 1941–September 30, 1941*

	<i>Syphilis</i>		<i>Gonorrhea</i>		<i>Chancroid</i>		<i>Total</i>	
	<i>Num- ber</i>	<i>Per cent</i>	<i>Num- ber</i>	<i>Per cent</i>	<i>Num- ber</i>	<i>Per cent</i>	<i>Num- ber</i>	<i>Per cent</i>
<i>Place of Exposure:</i>								
El Paso, Texas.....	..	....	39	26.2	1	11.1	40	25.0
Juarez, Mexico .....	..	....	73	49.0	7	77.8	80	50.0
Elsewhere .....	2	100.0	37	24.8	1	11.1	40	25.0
Total .....	2	100.0	149	100.0	9	100.0	160	100.0
<i>Source of Infection:</i>								
Houses of prostitution....	1	50.0	78	52.4	8	88.9	87	54.4
Pick-up <sup>1</sup> .....	..	....	44	29.5	..	....	44 <sup>2</sup>	27.5
Friend or other source....	1	50.0	27	18.1	1	11.1	29	18.1
Total .....	2	100.0	149	100.0	9	100.0	160	100.0

<sup>1</sup> Bar, dance hall or street.

<sup>2</sup> Of the 44 pick-ups, 15 (9.4 per cent of the 160 sources) were prostitutes, the criterion being that exposure was paid for.

*Prostitution caused a total of 63.8 per cent of the infections.*

On October 1, 1941, El Paso houses of prostitution reopened rather quietly and were allowed to operate surreptitiously off and on till about June 19, 1942. (See *Table III*). However, as soon as the houses reopened the amount of venereal disease said to be coming from prostitution increased significantly and the amount attributed to El Paso started to increase.

On December 8, 1941, following the declaration of war, the International Bridge to Juarez was closed to American soldiers. There followed an 82 day period (December 8, 1941–February 27, 1942) when the prostitute in Juarez was no longer available but during which the houses of prostitution in El Paso were periodically opened and closed. (See *Table IV*). After the closure of the International Bridge to soldier traffic, the total amount of venereal disease coming from prostitution apparently dropped from 73 per cent to 48 per cent.

TABLE III

*Place of Exposure and Source of Infection in 204 Cases of Venereal Disease Acquired During a Period When El Paso's Houses of Prostitution Were Operating Surreptitiously and Prostitution Was Flagrant in Juarez, Mexico.*

October 1, 1941–December 7, 1941

	Syphilis		Gonorrhea		Chancroid		Total	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
<i>Place of Exposure:</i>								
El Paso, Texas.....	5	33.3	47	34.6	17	32.1	69	33.8
Juarez, Mexico .....	8	53.4	47	34.6	28	52.8	83	40.7
Elsewhere .....	2	13.3	42	30.8	8	15.1	52	25.5
Total .....	15	100.0	136	100.0	53	100.0	204	100.0
<i>Source of Infection:</i>								
Houses of prostitution....	11	73.3	84	61.8	43	81.2	138	67.7
Pick-up <sup>1</sup> .....	3	20.0	31	22.8	5	9.4	39 <sup>2</sup>	19.1
Friend or other source....	1	6.7	21	15.4	5	9.4	27 <sup>2</sup>	13.2
Total .....	15	100.0	136	100.0	53	100.0	204	100.0

<sup>1</sup> Bar, dance hall or street.

<sup>2</sup> Of the 39 pick-ups and other sources 11 (5.4 per cent of the 204 sources) were prostitutes, the criterion being that exposure was paid for.

*Prostitution caused a total of 73.1 per cent of the infections. Twenty-eight cases or 13.7 per cent caused by non-prostitute pick-ups.*

TABLE IV

*Place of Exposure and Source of Infection in 143 Cases of Venereal Disease Acquired During a Period When El Paso's Houses of Prostitution Were Operating Surreptitiously and the International Bridge to Juarez, Mexico Was Closed to Soldier Traffic.*

December 8, 1941–February 27, 1942

	Syphilis		Gonorrhea		Chancroid		Total	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
<i>Place of Exposure:</i>								
El Paso, Texas.....	8	66.7	34	36.2	29	78.4	71	49.6
Juarez, Mexico .....	..	....	..	....	3	8.1	3	2.1
Elsewhere .....	4	33.3	60	63.8	5	13.5	69	48.3
Total .....	12	100.0	94	100.0	37	100.0	143	100.0
<i>Source of Infection:</i>								
House of prostitution....	3	25.0	14	14.9	18	48.7	35	24.5
Pick-ups <sup>1</sup> .....	9	75.0	57	60.7	9	24.3	75 <sup>2</sup>	52.4
Friend or other source....	..	....	23	24.4	10	27.0	33 <sup>2</sup>	23.1
Total .....	12	100.0	94	100.0	37	100.0	143	100.0

<sup>1</sup> Bar, dance hall or street.

<sup>2</sup> Of the 75 pick-ups and other sources, 33 (23.2 per cent of the 143 sources) were prostitutes, the criterion being that exposure was paid for.

*Prostitution caused a total of 47.8 per cent of the infections. Forty-two cases or 29.4 per cent caused by non-prostitute pick-ups.*

Only three (2 per cent) out of the 143 cases exposed during this period claimed to have contracted their disease in Juarez. Of the remaining 140 cases, 71 were exposed in El Paso and 69 were exposed outside the El Paso-Juarez area. The amount coming from houses of prostitution apparently dropped from 68 per cent for the period before the bridge to Juarez was closed to 25 per cent after closure. However, during this period the "pick-up" began to assume a more important role as a source of infection.

As is shown in the graph, *Figure 1*, the venereal disease rate dropped sharply. The Army venereal rate for that area had averaged 63.5 per thousand per annum for a 17 month period through November, 1941. The corrected rate (corrected for cases whose exposure occurred prior to induction) for November was 83 per thousand. Despite the fact that a large proportion of soldier exposures occur the first ten days after pay-day, the rate dropped to 54 for December and to 31 for January.

On pay-day night February 28, 1942, the International Bridge to Juarez was reopened to soldier traffic. There followed a period of three and one-half months when open houses of prostitution again became readily available to soldiers in Juarez and while houses of prostitution were intermittently available in El Paso. (*Table V.*) The amount of venereal disease coming from houses of prostitution appeared almost to double. The 209 cases studied which occurred during this period were apparently fairly evenly divided as to place of infection; 35 per cent coming from El Paso; 35 per cent from Juarez and about 31 per cent coming from elsewhere. During this period the "pick-up" evidently played a less important role as a source of infection.

The corrected Army venereal rate which had continued its decrease into March started up again. From a peak low of 25 cases per thousand per year it rose to 43 for April and 47 for May. (*Figure I.*)

On June 19, 1942, a policy of repression was started in Juarez. If you are acquainted with border conditions, you will realize that this was no mean accomplishment. Prostitution in those Mexican border communities is often well entrenched in the political life as well as the social mores of the people. Most of the credit for the attainment of repression in Juarez should go to Dr. Spoto of the Pan-American Sanitary Bureau and to Dr. Vellela and Dr. Vellande of the Mexican Federal Department of Health. The red light district was closed and all but a few houses of prostitution were closed tight. With Juarez as an example, a more conscientious policy of repression was started in El Paso. Since that date only 59 case histories which could be included in the study have accumulated. (*Table VI.*) When tabulated, they suggest that the proportion of venereal disease coming from prostitution and from Juarez is on the decrease, while the proportion coming from the non-prostitute pick-up is increasing.

The corrected local Army venereal rate has started to decline again. From a peak of 47 in May it dropped to 38 in June and 28 in July. In August the rate was still under 30 (29). (*Figure I.*)

TABLE V

*Place of Exposure and Source of Infection in 209 Cases of Venereal Disease Acquired During a Period When El Paso's Houses of Prostitution Were Operating Surreptitiously and the International Bridge to Juarez, Mexico Had Been Reopened to Soldier Traffic.  
February 28, 1942-June 19, 1942*

	Syphilis		Gonorrhea		Chancroid		Total	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
<i>Place of Exposure:</i>								
El Paso, Texas.....	17	53.2	41	30.8	14	31.8	72	34.5
Juarez, Mexico .....	8	25.0	40	30.1	24	54.6	72	34.5
Elsewhere .....	7	21.8	52	39.1	6	13.6	65	31.0
Total .....	32	100.0	133	100.0	44	100.0	209	100.0
<i>Source of Infection:</i>								
House of prostitution....	20	62.5	57	42.8	32	72.8	109	52.2
Pick-up <sup>1</sup> .....	9	28.1	46	34.6	10	22.7	65 <sup>2</sup>	31.0
Friend or other source....	3	9.4	30	22.6	2	4.5	35	16.8
Total .....	32	100.0	133	100.0	44	100.0	209	100.0

<sup>1</sup> Bar, dance hall or street.

<sup>2</sup> Of the 65 pick-ups, 21 (10 per cent of the 209 sources) were prostitutes, the criterion being that exposure was paid for.

*Prostitution caused a total of 62.2 per cent of the infections. Forty-four cases or 21 per cent caused by non-prostitute pick-ups.*

TABLE VI

*Place of Exposure and Source of Infection in 59 Cases of Venereal Disease Acquired During a Period When El Paso's Houses of Prostitution Were Well Repressed and a Policy of Repression Was Being Fairly Well Enforced in Juarez, Mexico.  
June 19, 1942-August 25, 1942*

	Syphilis		Gonorrhea		Chancroid		Total	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
<i>Place of Exposure:</i>								
El Paso, Texas.....	..	....	19	36.6	2	100.0	21	35.6
Juarez, Mexico .....	..	....	6	11.5	..	....	6	10.2
Elsewhere .....	5	100.0	27	51.9	..	....	32	54.2
Total .....	5	100.0	52	100.0	2	100.0	59	100.0
<i>Source of Infection:</i>								
House prostitution .....	1	20.0	13	25.0	1	50.0	15	25.4
Pick-up <sup>1</sup> .....	3	60.0	30	57.7	..	....	33 <sup>2</sup>	56.0
Friend or other source....	1	20.0	9	17.3	1	50.0	11 <sup>2</sup>	18.6
Total .....	5	100.0	52	100.0	2	100.0	59	100.0

<sup>1</sup> Bar, dance hall, or street.

<sup>2</sup> Of the 33 pick-ups and other sources 5 (8.5 per cent of the 59 sources) were prostitutes, the criterion being that exposure was paid for.

*Prostitution caused a total of 32.2 per cent of the infections. Twenty-eight cases or 47.5 per cent caused by non-prostitute pick-ups.*



The decreasing incidence of infections coming from Juarez is depicted in another way in *Table VII*. Under column IV during June and July there has been an apparent marked drop in the number of cases of venereal disease per 1,000 trips by soldiers to Juarez. Repression in Juarez started on June 19, and the decreasing incidence of venereal disease cases per 1,000 trips to Juarez also apparently began in June. In addition since Juarez was cleaned up there has occurred a significant increase of almost 5,000 in the number of soldiers going to Juarez.

TABLE VII

*Role of Juarez, Mexico, in the Spread of Venereal Disease for the Entire Fort Bliss Area from March Through July, 1942*

Month of Exposure	Number of Trips to Juarez by U. S. Soldiers	Number of Exposures	Number of Cases of Venereal Disease per 1,000 Trips to Juarez
		Subsequently Developing Venereal Disease	
(I)	(II)	(III)	(IV)
March . . . . .	24,632	23	0.93
April . . . . .	23,477	30	1.27
May . . . . .	24,512	25	1.02
June . . . . .	24,754	17	0.69
July . . . . .	29,735	12	0.40

One of the standard arguments of those who oppose a policy of repression of prostitution is that when houses of prostitution are closed, the inmates spread all over town and consequently spread more disease. In *Table VIII* data were tabulated in an effort to prove or disprove this theory. These figures are far too few to draw definite conclusions. However, during the period when the bridge to Juarez was closed (December 8, 1941–February 27, 1942, Item No. 4), there did apparently occur some increase in the amount of venereal disease which could be attributed to the “non-prostitute pick-up,” and to the “prostitute pick-up.” However, when the “prostitute pick-up” group was further analysed it was found that 23 out of 33 of these prostitutes were picked up somewhere outside of the Juarez-El Paso area. So far it has not been possible to demonstrate that closure of houses of prostitution causes any widespread dissemination of these women throughout the community. According to the statements of prostitutes interviewed, it is claimed by them that the vast majority leave town as soon as the “heat is turned on.” They apparently go to a community where there are “easier pickings.”

Sociological studies on this class of women are needed. In the El Paso area as repression has become better and better enforced, the role of the prostitute in the spread of these diseases has gradually decreased. As the prostitute group is gradually eliminated as the predominant source of infection other groups appear to take a relatively more important role in the spread of the venereal diseases. The “non-prostitute pick-up” or “chippie” is gradually assuming more importance as a source of infection in that area. With this in

mind an attempt is being made in El Paso to set up a redirection program for the border line prostitute. However, this program is still in its infancy so no further comment is warranted at this time.

TABLE VIII

*The Role of the "Non-prostitute Pick-up" and "Prostitute Pick-up" in the Spread of Venereal Disease in the Fort Bliss Area.  
March 19, 1941-August 25, 1942*

	Total Number of Cases	Non-prostitute Pick-up		Prostitute Pick-up		Prostitute Pick-ups in El Paso- Juarez Area	
		Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
Prostitution flagrant in El Paso and Juarez. March 19, 1941-June 30, 1941..	369	43	11.2	16	4.3	10	2.7
Prostitution flagrant in Juarez. Houses closed in El Paso. June 30, 1941-September 30, 1941.....	160	29	18.1	15	9.4	12	7.5
Prostitution flagrant in Juarez. Houses surreptitiously open in El Paso. October 1, 1941-December 7, 1941.....	204	28	13.7	11	5.4	10	4.9
International Bridge to Juarez closed. Houses surreptitiously open in El Paso. December 8, 1941-February 27, 1942.....	143	42	29.4	33	23.2	10	7.0
Prostitution flagrant in Juarez. Houses surreptitiously open in El Paso. February 28, 1942-June 19, 1942.....	209	44	21.0	21	10.1	11	5.3
Repression of prostitution started in Juarez. Houses closed in El Paso. June 19, 1942-August 25, 1942	59	28	47.5	5	8.5	3	5.1
Total .....	1,144	222	19.4	93	8.2	56	4.9

### Conclusions

1. Open houses of prostitution located nearby appear to have played a dominant role in the spread of the venereal diseases among soldiers at Fort Bliss.

2. In the El Paso area including Juarez, the commercial prostitute operating in brothels or elsewhere has been responsible for the great majority of the venereal infections in the Army. The weekly examination of prostitutes in such houses in El Paso as a means of controlling the spread of infection in the Army has not proved successful.

3. Closing El Paso's houses of prostitution and allowing flagrant prostitution conditions to continue in Juarez did not appear to influence the Army venereal rate.

4. When a moderate policy of repression of prostitution in El Paso was combined with the closure of the International Bridge to Juarez, Mexico, the local Army venereal rate apparently dropped significantly. When the Bridge was reopened, the venereal rate appeared to increase again. When a policy of repression of prostitution was adopted in Juarez and repressive measures were better enforced in El Paso, the amount of venereal disease in the Army in that area again showed a marked decline. In other words, in the Fort Bliss area, a significant decrease in the Army venereal rate was apparently associated with making the commercial prostitute in the entire area less available to soldiers.

5. If open houses of prostitution are tolerated in the vicinity of an Army camp they will in all probability prove to be a major source of venereal disease infection among the troops.

6. In El Paso there has been no evidence that the closure of houses of prostitution has been associated with the dissemination of these women throughout the city and a consequent increase in the amount of disease.

7. As the commercial prostitute has been gradually eliminated as the primary source of infection in El Paso, other groups such as the "non-prostitute pick-up" have begun to assume a relatively more important role as sources of infection in the Army. Sociological studies are badly needed to help health and social workers solve the problems of the border-line prostitute.

#### *Acknowledgment*

The author wishes to express his appreciation to the Medical Staffs at William Beaumont General Hospital, and Fort Bliss Station Hospital and to Doctor W. B. Prothro and the Staff of the El Paso City-County Health Unit without whose hearty cooperation and helpful advice this study would not have been possible.

#### *References*

- (1) JOHNSON, BASCOM, JR., Role of Open Houses of Prostitution in Spread of Venereal Disease in a Cantonment Area. (Preliminary Report.) Venereal Disease Information 23:15-22, 1942.

## DOES YOUR STATE NEED NEW SOCIAL HYGIENE LAWS? .

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In today's "home front" battle against syphilis and gonorrhea as threats to the health of soldiers, sailors and war industry workers—and, in fact, of the whole nation—and in the campaign against commercialized prostitution as a main source of spread of these diseases, good laws are among our strongest weapons.

Federal and state laws and city ordinances have enabled law enforcement officials to close over 350 "redlight districts"—hot-beds of venereal infection—in the last year and a half. Other laws strike directly at the "third party" interests, who get most of the money made in the prostitution "racket." Some laws provide for helping women and girls arrested and convicted on charges of prostitution, to turn back toward normal and useful lives.

Through state laws passed in the last few years, to protect marriage and babies against syphilis by requiring premarital and prenatal examinations for this disease, many infections which might otherwise run their courses undiscovered until too late, are being found and checked.

Twenty-two states now have good laws against prostitution, thus cutting down opportunities for exposure to venereal diseases. Twenty-six states have laws requiring examinations for syphilis before marriage licenses are issued. Twenty-six states require physicians to examine expectant mothers for syphilis.

How does your state stand?

Now is the time to be thinking about legislative needs, for legislatures will meet in regular sessions in 44 states early in

1943, and special sessions for war legislation may be called at any time. If your state needs new social hygiene laws, or if old laws need to be strengthened, you can perform a patriotic duty by joining with other good citizens to see that good and workable legislation against the venereal diseases and commercialized prostitution is adopted as soon as possible.

Study the maps and chart in the next pages, and plan to help.

And remember this! Good laws are only the first step. To produce results the laws must be used and enforced. Help in your community to promote understanding and observance of social hygiene laws, and support your police officials, your courts and judges, and all other officers concerned, with strong, sound public opinion and united effort of every community agency and of every citizen.

### *State Laws Against Prostitution*

"Fewer contacts, fewer infections" is an axiom in the campaign against syphilis and gonorrhea, and one excellent result of good laws and law enforcement against commercialized prostitution is at once to reduce opportunity for exposure to these diseases. Wherever "red-light districts" and other places where prostitution flourishes are prevented from operating and the inmates are given social and medical treatment, sources of wholesale infection are checked. Army and Navy venereal disease officers find that rates for syphilis and gonorrhea among soldiers and sailors go down rapidly when prostitution is repressed in the vicinity of camps and naval bases, and health officials in communities where "red-light districts" have existed and have been closed, are finding fewer new infections occurring in the civilian population.

In order to reduce prostitution in volume and accessibility by law enforcement, however, laws must be drawn to meet and check every form of this evil and every device of those who promote it for money-making purposes. The laws should provide for penalties severe enough to have a sharply deterrent effect on the racketeers and other third parties who exploit prostitutes and their customers. Laws should also be broad enough to encourage judges to dispose of the cases of prostitutes in a way which will be best calculated to keep open avenues for their return to useful lives, including the provision of suitable quarters in which they may remain during necessary quarantine, medical treatment and social redirection.

These and other features of effective legislation against prostitution are set forth here, with a brief "interpretation" of application.

ESSENTIAL PROVISIONS OF STATE LAWS FOR REPRESSION OF  
PROSTITUTION WITH A BRIEF INTERPRETATIVE SUMMARY  
OF THEIR USE IN DEALING WITH THIS PROBLEM

*Provisions*

*Interpretation*

(A) It shall be unlawful for any person:

1. To keep, set up, maintain, or operate any house, place, building, other structure or part thereof, or vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation;

2. Knowingly to own any house, place, building, other structure, or part thereof, or vehicle, trailer, or other conveyance used for the purpose of lewdness, assignation, or prostitution, or to let, lease, or rent, or contract to let, lease, or rent any such place, premises, or conveyance or part thereof, to another with knowledge or reasonable cause to believe that the intention of the lessee or rentee is to use such place, premises, or conveyance for prostitution, lewdness, or assignation;

3. To offer, or to offer to secure, another for the purpose of prostitution, or for any other lewd or indecent act;

4. To receive or to offer or agree to receive any person into any house, place, building, other structure, vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation, or to permit any person to remain there for such purpose;

5. To direct, take, or transport, or to offer or agree to take or transport, or aid or assist in transporting, any person to any house, place, building, other structure, vehicle, trailer, or other conveyance, or to any other person with knowledge or reasonable cause to believe that the purpose of such directing, taking, or transporting is prostitution, lewdness, or assignation;

Third parties, such as keepers and operators of houses of prostitution, madams, and the like, use every means to exploit prostitutes and their customers for profit. These legal provisions penalize such persons and declare their activities to be crimes.

A civil action (Injunction and Abatement Law) may also be brought in a court of equity to close a house of prostitution as a public nuisance.

These provisions define and make illegal the activities of go-betweens such as the bell boys, taxi-drivers, and others who bring, for a monetary consideration, the prostitute and the customer together.

6. To procure a female inmate for a house of prostitution; or to cause, induce, persuade, or encourage by promise, threat, violence, or by any scheme or device, a female to become a prostitute or to remain an inmate of a house of prostitution; or to induce, persuade, or encourage a female to come into or leave this State for the purpose of prostitution, or to become an inmate in a house of prostitution; or to receive or give, or agree to receive or give any money or thing of value for procuring, or attempting to procure any female to become a prostitute or an inmate for a house of prostitution;

7. Knowingly to accept, receive, levy or appropriate any money or other thing of value without consideration from a prostitute or from the proceeds of any woman engaged in prostitution;

8. To engage in prostitution, lewdness, or assignation;

9. To solicit, induce, entice, or procure another to commit an act of lewdness, assignation, or prostitution, with himself or herself;

10. To reside in, enter, or remain in any house, place, building, or other structure, or to enter or remain in any vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation;

11. To aid, abet, or participate in the doing of any of the acts enumerated above.

Provisions dealing with the activities of panderers and procurers of women for the purpose of prostitution are commonly called "white slave" laws. The penalties should be severe if the traffic in women and girls is to be curbed. These provisions attempt to attack this vicious racket at its heart.

Activities of the prostitute are made, by these provisions, unlawful and illegal.

This provision makes it possible to deal with many technical evasions of responsibility for the acts enumerated.

(B) The term "prostitution" shall be construed to include the giving or receiving of the body for sexual intercourse for hire, and shall also be construed to include the giving or receiving of the body for indiscriminate sexual intercourse without hire. The term "lewdness" shall be construed to include any indecent or obscene act. The term "assignation" shall be construed to include the making of any appointment or engagement for prostitution or lewdness or any act in furtherance of such appointment or engagement.

Under this provision, the male customer who has intercourse with a prostitute can be punished as well as the prostitute herself. Another important principle is that it places the clandestine prostitute or sexually delinquent girl, especially a serious problem at this time, under the control of the courts which can use custodial powers for the redirection or rehabilitation and retraining of such women and girls.





	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Missouri.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Montana.....	(b)	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Nebraska.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Nevada.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
New Hampshire†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
New Jersey†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
New Mexico†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
New York†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
North Carolina†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
North Dakota†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Ohio†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Oklahoma.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Oregon.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Pennsylvania.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Rhode Island†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
South Carolina..	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
South Dakota.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Tennessee.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Texas.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Utah†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Vermont†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Virginia†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Washington.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
West Virginia.....	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Wisconsin†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>
Wyoming†	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>

NOTE: In addition to the State Laws the following Federal Legislation against prostitution exists: The Mann Act prohibits interstate and international traffic in women for prostitution. The Bennett Act penalizes importation of aliens for prostitution and provides for deportation of aliens engaging in prostitution. The May Act prohibits prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.

\* —Injunction and Abatement Laws.

† —Vice Repressive Law enacted in its entirety in these states (See Vice Repressive Law, p. 11)

‡ —Major parts of Vice Repressive Law enacted in these states.

✓a —Keepers classified and punishable as vagrants.

(b) —Unlawful to keep a house of ill-fame near schools, churches, or on principal streets of any town.

✓c —Law penalizes houses or places used for prostitution, but not conveyances.

(d) —Offense classified as vagrancy by state law only in New Orleans.

✓e —Law penalizes unlawful and forcible taking female and causing her to be defiled.

✓f —Law penalizes the receiving of money for placing of female in custody of another for purposes of prostitution.

✓g —Law penalizes solicitation by women only for prostitution.

✓h —Courts seem inclined to interpret the word person in the New York law as female.

✓i —Offense is classified and punishable as vagrancy.

✓j —Law penalizes the woman who is a common prostitute as a vagrant or disorderly person.

(k) —House of prostitution is declared a public nuisance and may be abated under the general law of injunction and abatement against public nuisances.

[illegible]

Map by  
American Social Hygiene Association  
September, 1942

14 *states*

8  
states

Have laws against some activities of prostitutes and their exploiters.

5 Have laws against activities of exploiters of prostitutes only.

Twenty-two states, as indicated in the map and chart on pages 540-2 include most of these provisions in their laws against prostitution. If your state is not among these, there is no time like the present to improve the situation.

Other state laws besides those directed immediately against commercialized prostitution have provisions which may be invoked to aid in the campaign. For instance, in local situations where enforcement authorities are incapable or unwilling to deal with this problem the State Attorney General in some states has been authorized or directed to supervise or supersede local officials. In many states Alcoholic Beverage Boards or Commissions have been given the power to make rules and regulations regarding the operation of places where alcohol is sold. Such boards also have found it useful in some states to have power to suspend or revoke licenses for places where prostitution conditions exist or are permitted.

#### *State Laws to Guard Family Health against Venereal Diseases \**

Dr. R. A. Vonderlehr, Assistant Surgeon General of the U. S. Public Health Service, recently said: "In the national campaign against syphilis and gonorrhea, as in any other effort to control disease which spreads from person to person, the first move is to find the people who are infected and keep them from infecting others. The new state legislation requiring expectant mothers and persons about to be married to undergo examinations for syphilis is aimed straight toward that mark. While few of the laws have been operating long enough to permit extensive measurement of results, we know that many babies' lives are being saved and the health of young people protected. In certain states—for example in Connecticut, New Jersey and New York—definite proof has been obtained that many syphilis infections which otherwise might have run their destructive course, have been discovered as a result of such legislation. Eventually, if this method of safeguarding family health becomes general, the premarital and prenatal laws should rank high among the practical and effective ways of finding venereal diseases and preventing their spread."

\* Since most states now have reasonably satisfactory laws and regulations dealing with reporting, treatment, quarantine, and other established public health and medical measures for cure of persons infected with venereal diseases, these laws are not discussed in this statement, because of lack of space. However, the American Social Hygiene Association will gladly supply information on such laws on request. See also reading list on page 547. Please note particularly *Pub. No. A-152, State Laws and Regulations of State Boards of Health which Deal with the Venereal Diseases*, by Bascom Johnson. For a comprehensive list of publications on this and other phases of social hygiene, ask for free folder *A Classified List of Social Hygiene Pamphlets, Pub. No. A-444*.

*Laws to Protect Marriage from Syphilis*

The first such law, requiring a blood test for syphilis as a marriage license prerequisite, was passed in 1935 in Connecticut; five states adopted a similar law in 1937; four more states were added in 1938; nine more in 1939, one more in 1940, and in 1941 six more states passed laws. The purpose of most of these laws—though there are some variations—is not to prevent the marriage, but to ensure adequate examination and to encourage postponement of marriage if one of the partners has syphilis in an infectious stage, thus breaking the chain of infection. Some states also require medical examination including appropriate tests for gonorrhea. A few states require examination for some other communicable diseases and conditions, but such requirements have apparently not been found very practicable as yet.

Does your state have a law requiring a physical examination of both bride and groom before a marriage license is issued? If so, does the examination include a blood test for syphilis?

**PROTECTING MARRIAGE FROM SYPHILIS**  
**Legislative Status of Premarital Health Examinations, 1942**



Map by the American Social Hygiene Association, 1942

26 states		Require examination by physician of both bride and groom, including blood test for syphilis
4 states		Require examination by physician of groom only, for freedom from venereal diseases
3 states		Prohibit marriage of persons with venereal diseases; some require personal affidavit of freedom from venereal diseases, no examination specified
15 states		Grant marriage licenses without regard to venereal disease infection

*Laws to Protect Babies*



Twenty-six states have passed laws requiring that prenatal blood tests for syphilis be part of examination of expectant mothers. New Jersey, New York and Rhode Island were the first states to pass such laws, in 1938; 14 more states adopted similar legislation in 1939, two more in 1930, and seven states were added in 1941. Most of these laws require that the physician or other qualified attendant upon a pregnant woman should be responsible for arranging for the serological test. Where infection is discovered early in pregnancy and treatment is given regularly, the chances for a healthy baby are very good—about 95 out of 100.

Does your state require such prenatal blood tests?

PROTECTING BABIES FROM SYPHILIS  
Legislative Status of Prenatal Health Examinations, 1942



Map by the American Social Hygiene Association, 1942

- |              |   |   |
|--------------|---|---|
| 26<br>states |  | Require prenatal examinations for syphilis        |
| 22<br>states |  | Do not require prenatal examinations for syphilis |

Another example of what laws requiring preventive medical treatment can do to insure the health of babies is seen in the great reduction of "babies' sore eyes" and infant blindness. Nearly every state now requires a specified, scientifically prepared and standardized solution to be dropped into the baby's eyes immediately after birth. Since this has become an established medical practice, gonorrheal blindness has become a rarity.

*Your Part in the Legislative Campaign*

If your state is one in which new social hygiene laws, or amendment of old laws, is needed, plans for action in 1943 cannot begin too early. Forty-four of the state legislatures meet this winter. Possibly some qualified organized group is already planning to introduce legislation. If so, they will welcome your interest and support. Programs of action which have often been successful in securing sound social hygiene laws have included activities like the following:

1. A social hygiene society, medical society, bar association, parent-teacher association or similar interested group studies the requirements of existing laws and the needs to be met. Sometimes two or three groups will make this a joint project, but responsibility for carrying out the details of the program usually must be delegated to one group or a central joint committee, with all other interested agencies constantly consulted and kept in touch.

2. Special advice is sought from (a) medical and nursing organizations as to the scientific and administrative practicability of the legislation as drawn up; (b) of legislators and Statute Commission, or Legislative Council, if there is one in your state, or the state's Attorney General as to the form which the law must take to meet the desired ends. Drafts of the laws are submitted to the state health department and the social protection and welfare official and voluntary agencies for their advice and approval.

3. Popular support for the legislation is worked up in advance of its introduction. This includes: publicity which will inform the general public, by radio, newspapers and meetings; petitions and letters from constituents to their legislators; resolutions in support of the legislation by the various interested agencies; personal contact with legislators to secure advice and assurance of support in advance.

4. A high level of wide public interest will demonstrate that the citizens really understand the purpose of the legislation and want it passed. To this end the testimony of informed and impartial witnesses is helpful and welcomed by legislative committees working on the new laws; thorough study beforehand enables supporters of the legislation to meet all arguments and to suggest adjustments and changes which the legislators may think necessary, without the law losing force.

Finally, the records of most states show that those who have not succeeded the first time, HAVE TRIED AGAIN! When a legislature has failed to enact suitable laws when first presented, the time before the next session has been used to keep on developing public interest and support, making passage at the next session more likely, and also helping to create public understanding and observance of the laws when they are passed.

*The American Social Hygiene Association Is Glad to Help*

The American Social Hygiene Association is glad to place its thirty years of experience in studying the workings of social hygiene laws and the campaigns for securing their passage, at the service of all agencies endeavoring to obtain sound and enforceable legislation. Ask us for help and advice. Write for publications which will help you. The following are suggested:

*For Groups Contemplating Legislation*

- A-151 Advice from a Lawmaker, Thomas C. Desmond. 10¢
- A-152 State Laws and Regulations of State Boards of Health Which Deal with the Venereal Diseases, Bascom Johnson. 10¢
- A-317 A Law to Protect Marriage from Syphilis. Text of the California premarital law. *Single copies free*
- A-318 A Law to Protect Babies from Syphilis. Text of the New Jersey prenatal law. *Single copies free*
- A-379 Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases. With charts showing main provisions of laws in the various states. 25¢
- A-463 Police and Health Department Functions in Repressing Prostitution and Controlling Venereal Diseases, William F. Snow. *Single copies free*
- A-458 Laws Against Prostitution and Their Use, George Gould. 10¢
- A-389 The May Bill Becomes Law. Text of the Federal law against prostitution in the vicinity of Army and Navy establishments. *Single copies free*
- A-396 Milestones in the March Against Prostitution. Outline of progress thus far. 10¢
- A-450 Essential Provisions of State Laws for the Repression of Prostitution. *Single copies free*

*Books*

Digest of State and Federal Laws Dealing with Prostitution and Other Sex Offenses, with notes on the control of the sale of alcoholic beverages as it relates to prostitution activities. By Bascom Johnson, George Gould and Roy E. Dickerson. 1942. 453 p. \$5.00

Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea in the Forty-eight States and the District of Columbia. Revised, 1942. Also includes text of all state premarital and prenatal examination laws. By Bascom Johnson, and George Gould. 618 p. \$5.00

*For the General Public*

- A-442 State Laws to Guard Family Health. Brief summary of use of premarital and prenatal laws. *Single copies free.* \$1.00 per 100
- A-477 Good Laws Are Strong Weapons. Popular presentation of the laws regarding prostitution, and premarital and prenatal examinations, and the need for laws and law enforcement. *Single copies free.* \$1.00 per 100, \$5.00 per 1,000
- A-303 The Case Against Prostitution. 5¢ each, \$2.50 per 100, \$18.00 per 1,000
- A-304 Why Let It Burn? The case against the red light district. 10¢ each, \$5.00 per 100, \$30.00 per 1,000

*For additional information write to*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 Broadway, New York, N. Y.

## EDITORIALS

### SOCIAL HYGIENE TAKES BATTLE STATIONS FOR 1943

Social Hygiene Day: An annual date set for a quick glance back and a long look ahead. The men and women who have helped make the past twelve months a year of progress toward social hygiene objectives have good reason to look back with pride. Social Hygiene Day 1942 saw us less than two months at war; still in the midst of all the turmoil and confusion inevitable to a quick change-over from a peacetime existence to a wartime way of life. As always, the forces of evil were ready and eager to take advantage of these circumstances to expand their activities and profits. Near the camps and training stations, in the great war industry centers, the prostitution racket set up its illegal business—a business facilitated by large numbers of taxicab drivers, bellboys, hotel porters, “ropers,” and “steerers,” who have always found it a gold mine of easy money.

The damage to our social structure, real and ominous as it is, was not so immediately apparent as the threat to our national health. Here and there, in many sections of the country, venereal disease rates began to rise, and a large proportion of the increase related closely to the growth of prostitution activities. War has always meant a rise in the incidence of syphilis and gonorrhea in both the armed forces and the civilian population. Rising venereal disease rates have thus always pointed to the need for renewed examination of community conditions and the planning of better law enforcement and social protection activities. The gradual transfer in the past three years from peacetime to intensified national defense activities had started this process of self-examination and initiation of remedial measures, when the shock of war crystalized a nationwide demand for Federal, State and community action. “Are the failures and limitations of past efforts to be endlessly repeated?” men asked themselves a year ago. “Have we learned so little from the



past that can help us in the future? Must we accept the continuance of these evils as inevitable in wartime, rather than their extermination?" They looked back at the accomplishments of the past and ahead at the threat to these gains, and swore that there should be no retrogression to the old bad ways either during the war or after the return of peace. As the immediate first step it was agreed to deal with the growing menace of prostitution, through which syphilis and gonorrhea are so largely spread and our community life and morale so seriously endangered. The legal mechanism necessary to repression was in great part already on the statute books. Public opinion was ready for all measures that would help win the war. In hundreds of cities throughout the country where enforcement of laws against prostitution had become lax, vigorous action was taken and violators were prosecuted. The business was broken up. This step was taken with misgiving in some places, but the results proved the soundness of the procedure.

In the Autumn of 1942, as in previous years, both the Army and the Navy issued statements bearing on their venereal disease rates. Here was something concrete by which success in fighting syphilis and gonorrhea during the past twelve months could be judged. "Venereal disease at an all-time low," said the Navy. "Syphilis at a lower rate than at any time since the first World War," said the Army. Such data as existed for civilian, industrial and community areas which had been particularly active suggested a similar story.

So much for the quick glance back—a reassuring glance that tells us that we were not wrong in pointing out the self-evident truth of the close relationship between the practice of prostitution and the spread of the venereal diseases. Civilian rates for the past year are still to be tabulated and studied for the country as a whole but there is reason to think that, unless some other factor (such as the decrease in the number of physicians in private practice or curtailed public health services in the states and communities) is present, they will show a similar downward trend.

And now for the look ahead: we are very far from doing so well that we cannot do better. And we are in danger of losing the advantages gained from the past three years of increasing national unified effort unless we secure the application of the program to all the states and communities concerned. Venereal disease rates are still far too high. Syphilis and gonorrhea are still among our major public health problems as a nation, bringing sickness and disablement and death to millions of Americans. Prostitution with all of its attendant evils is not gone entirely and forever, by any means; it still lingers on under the surface in communities all across the country. This illegal racket has amazing ramifications and resources: eternal vigilance is the price of safety in dealing with it. The sexually promiscuous young girl is an increasing problem, both as an individual and as a spreader of infection and social damage. She must be helped, for her own sake and for the sake of the rest of us. Cases of infection must be found early, treated, and cured. The fight never stops and never will stop, we believe, until the final victory is won. It will be a long war—longer far than that against our country's human enemies—but the victorious outcome is as sure.

So we promise ourselves on Social Hygiene Day, 1943. In that solemn pledge, made with confidence rooted in the past and with courage for the future, lies our surest promise of success. With that confidence and that courage we take our battle stations.

ELEANOR SHENEHON

*Director, Community Service,  
American Social Hygiene Association*

**Remember the Day!**

**February 3, 1943**

## THOSE SAME OLD QUESTIONS

Some twenty years ago, having just finished a lecture on venereal diseases to a large class of high school boys, we were struck by the primary type of questions asked. Citing several of them to an old physician, he remarked, "Yes. They're just about the same problems that puzzled boys when I was a youngster in the last century."

A few days ago in this year, 1942 A.D., following a similar lecture to 180 preparatory school cadets, we recalled his comment. For the questions that perplex today's youth are virtually identical with those submitted by the lads of 1920. As worded by the boys themselves here are the ones most frequently asked: "How can a fellow tell if he has syphilis or gonorrhea?", "Can you get a disease in some other way than by sexual contact?", "Can one disease develop into the other?", "Does masturbation bring on venereal disease or make you crazy?", "How can a fellow know if a girl is infected?", "How many prostitutes are diseased?", "Do toilet seats carry these diseases?", and "How can a fellow play safe?" *There* is a fair and representative sampling of the questions propounded by normal boys in the 15-19 year age group, some of whom will soon be called up for military training.

Many elders characterize today's youth as "blasé," "sophisticated," and "wise beyond their years." They're not! They are just the same bewildered young people regarding social hygiene facts as were their elders years ago. But far less excuse exists for this ignorance today when plenty of reliable books and pamphlets are available for the asking or borrowing. What wonderful opportunities our parents are fumbling! And, with facts, philosophy, movies and other teaching aids so accessible, what great gaps still are apparent in curricular efforts to guide young people toward better health and human relationships!

RAY H. EVERETT

## NATIONAL EVENTS

**Annual Meeting Plans.**—As announced in the November JOURNAL and the SOCIAL HYGIENE NEWS, the American Social Hygiene Association will hold the general session of its Thirtieth Annual Meeting at Buffalo, New York, preceding an all-day Regional Conference on February 2, and with the Buffalo Committee on Social Hygiene Day and the Buffalo Council of Social Agencies as hosts. The following program has been arranged as a dinner session at the Hotel Statler, 6:30 p.m., Monday, February 1.

**Presiding:** Lewis G. Harriman, *Chairman*, Buffalo Committee on Social Hygiene Day

**Address:** Ray Lyman Wilbur, M.D., *President*, American Social Hygiene Association

**Awards:** Edward L. Keyes, M.D., *Chairman*, Committee on Awards  
William Freeman Snow Medal for Distinguished Service to Humanity  
Honorary Life Memberships

### Roll Call of Social Hygiene Pioneers

All members and friends, as well as the general public are cordially invited to join in this occasion, which rounds out a thirty-year generation of service by the Association. It is particularly fitting that Buffalo should be the scene of this event, since the Association was organized in that city at a meeting held in 1913.

For dinner reservations (\$2.00 each, including gratuity) please address the American Social Hygiene Association, 1790 Broadway, New York, N. Y., or Paul L. Benjamin, Secretary, Buffalo Committee on Social Hygiene Day, 86 W. Chippewa St., Buffalo, N. Y.

**The Annual Business Meeting:** Through the January SOCIAL HYGIENE NEWS, the following call for this session of the Thirtieth Annual Meeting has been issued:

January 1, 1943.

*To the Association's Members*—Please regard this as the official notice of the Thirtieth Annual Meeting. The business session will be held in New York on Feb. 3, 1943, at 3 P.M., Hotel Astor, in connection with the New York Regional Conference.

The general session will be held at a dinner meeting in Buffalo, Feb. 1, preceding an all-day Regional Conference, auspices of Buffalo Agencies, and the American Social Hygiene Association.

All sessions are open to the public and friends of the Association. Members who cannot attend are invited to send in any nominations, resolutions, suggestions or items of business they desire placed on the agenda for consideration.

MAURICE A. BIGELOW, *Secretary*.

1790 Broadway, New York.

**Regional Conference at Buffalo.**—Under the local auspices of the Buffalo Committee on Social Hygiene Day, the Buffalo Council of Social Agencies and upwards of 100 regional state and community sponsoring agencies, plans are going ahead full tilt for this event. An all-day program has been arranged, as follows:

**Tuesday, February 2, 1943**

**Headquarters:** Hotel Statler, Buffalo, New York

**Conference Theme:** *Social Protection in Wartime and After*

**Morning Session 10:00 A.M., Terrace Room**

- Subject:** *Local and Regional Problems in Social Protection and Prevention and Control of Syphilis and Gonorrhea* (from the official point of view)
- Speakers:** Udo J. Wile, M.D., *Medical Director*, United States Public Health Service, University of Michigan, Ann Arbor, Michigan  
 Charles P. Taft, *Assistant Director*, Defense Health and Welfare Services, Washington, D. C.  
 Commander T. J. Carter, MC, *In Charge* Division of Preventive Medicine, Bureau of Medicine and Surgery, United States Navy Department  
 Colonel C. M. Walson, MC, *Chief Medical Officer*, Second Service Command, United States Army

*Question Box and Discussion*

**Luncheon Session 12:15 P.M., Chinese Room**

- Subject:** *Social Hygiene Takes Battle Stations for 1943*
- Presiding:** Colonel B. H. Witherspoon, *Executive Vice-President*, Buffalo Chamber of Commerce
- Speakers:** *Women on the Home Front*  
 Mrs. Austin Kimball, member of the National Board and the World Council of the Young Womens' Christian Association, Buffalo, N. Y.  
*A Job for Wartime Industry*  
 Walter Clarke, M.D., *Executive Director*, American Social Hygiene Association, New York  
*Voluntary Health Agencies Go Forward*  
 George J. Nelbach, *Executive Secretary*, State Committee on Tuberculosis and Public Health, New York
- Secretary:** Miss Janet Scott, R.N., *Executive Secretary*, Tuberculosis, Inc., of Buffalo and Erie County

**Afternoon Sessions 2:15 P.M.**

**Session I, Fillmore Room**

- Subject:** *Social Hygiene Education and Training for Family Life*
- Presiding:** Mrs. Norman P. Clement, *Assistant Secretary*, University of Buffalo
- Discussants:** Robert W. Osborn, *Assistant Executive Secretary*, New York State Committee on Tuberculosis and Public Health  
 Arthur Towne, *Secretary*, Onondaga Health Association, Syracuse, New York  
 The Hon. Cecil B. Wiener, *Executive Director*, Jewish Federation for Social Service, Buffalo, New York
- Secretary:** Mrs. George Greenberger, Council of Social Agencies, Buffalo, New York

## Session II, Terrace Room

- Subject:** *The Stake of Labor and Management in the Syphilis Campaign*
- Presiding:** Rev. John P. Boland, D.D., *Pastor*, St. Thomas Aquina R. C. Church, and former chairman, New York State Labor Relations Board
- Discussants:** For Labor—Alfred G. Larke, *Secretary-Treasurer*, Greater Buffalo Industrial Union Council, C.I.O.; Frank Gilbert, Buffalo Federation of Labor, A.F.L.
- For Management—Merrill E. Skinner, *Vice President*, Buffalo Niagara & Eastern Power Corporation, Buffalo, New York.
- Public Health Aspects—Dr. Lopo de Mello, *Director*, Buffalo Syphilis Control Service
- Secretary:** Mrs. Doris T. Keller, University of Buffalo School of Social Work

## General Session 3:30 P.M., Terrace Room

- Subject:** *Law Enforcement and Social Protection*
- Presiding:** Hon. John D. Hillery, *Chief Judge*, City Court of Buffalo
- Speakers:** Joseph T. Owens, *President* of the International Association of Chiefs of Police, Rome, New York  
 Jeremiah R. Cronin, *Commissioner of Police*, Buffalo, New York  
 E. Marguerite Gane, *Executive Secretary*, Children's Aid Society and Society for Prevention of Cruelty to Children

## Final Session 4:30 P.M., Terrace Room

- Subject:** "*What a Conference Like This Means to a Community*"
- Presiding:** Mrs. Thomas B. Lockwood, *President*, Infantile Paralysis Foundation, Buffalo and Erie County Chapter; *Vice-chairman*, Buffalo Committee on Social Hygiene Day
- Remarks:** William F. Snow, M.D., *Chairman*, Executive Committee, American Social Hygiene Association

All who are interested in any way in public health and community welfare are cordially invited to attend the Conference and join in the discussions and other program events. For hotel reservations, address the Hotel Statler, Buffalo, New York. For luncheon reservations, copies of printed program and other information address Paul L. Benjamin, Secretary, Buffalo Committee on Social Hygiene Day, 86 W. Chippewa St., Buffalo, New York.

**Other Social Hygiene Day Programs.**—As this number of the JOURNAL goes to press we have word of many other conferences, community meetings and other events in observance of Seventh National Social Hygiene Day. All of these programs are sponsored nationally by the American Social Hygiene Association, the United States Public Health Service and the Social Protection Section, Defense Health and Welfare Services, cooperating with the numerous regional, state and community agencies under whose auspices the

meetings are arranged locally. A few of the programs so far reported are:

### Washington, D. C.

**Date:** February 2, 1943  
**Place:** Barker Hall, Y.W.C.A., 12:30 P.M.  
**Auspices:** District of Columbia Social Hygiene Society  
**Program:** Luncheon meeting and afternoon sessions  
**Speaker:** Dr. Harry A. Overstreet, *Professor of Philosophy*, College of the City of New York

*For details of program and reservations, write to:* Ray H. Everett, Executive Director, D. C. Social Hygiene Society, 927 15th St., N.W., Washington, D. C.

### New York City

**Date:** February 3, 1943  
**Place:** Hotel Astor  
**Auspices:** Social Hygiene Committee, New York Tuberculosis and Health Association and 116 sponsoring agencies  
**Program:** An all-day conference, including:  
**Morning Sessions:**  
(1) *The Results of Premarital and Prenatal Examinations for Syphilis*  
(2) *Public Health Nurses and Social Workers in Relation to National Defense*  
(3) *What Official Agencies Are Doing in Social Hygiene*  
**Luncheon Session:**  
**Speakers:** George Baehr, M.D., *Chief Medical Officer*, Office of Civilian Defense  
Ray Lyman Wilbur, M.D., *President*, American Social Hygiene Association  
**Afternoon Sessions:**  
(1) *Experimental Methods in the Treatment of Syphilis*  
(2) *Social Casualties of the War*  
(3) *The Adolescent in Wartime*

*For details of program and reservations, write to:* Dr. Jacob A. Goldberg, Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association, 386 Fourth Avenue, New York, N. Y.

### Atlanta, Georgia

**Date:** February 3, 1943  
**Place:** Atlanta Biltmore Hotel  
**Auspices:** Georgia Social Hygiene Council and cooperating agencies  
**Program:** All-day regional conference on the subject *Now and After*  
**Speakers:** Thomas Parran, *Surgeon General*, United States Public Health Service, Washington, D. C.  
Alan Johnstone, *General Counsel*, Federal Works Agency, Washington, D. C.

*For details of program and luncheon reservations, write to:* Ralph E. Wager, President, Georgia Social Hygiene Council, Emory University, Ga.

**Omaha, Nebraska**

- Date:** February 4, 1943  
**Place:** Hotel Paxton and Woodmen of the World Building  
**Auspices:** Community Welfare Council of Omaha, Health Division  
**Program:** Luncheon, afternoon and evening sessions on *Social Hygiene in Wartime*  
**Speaker:** Walter Clarke, M.D., *Executive Director*, American Social Hygiene Association

*For details of program and reservations, write to:* Clifford C. King, Associate Secretary, Community Welfare Council of Omaha, 736 World-Herald Building, Omaha, Neb.

**Philadelphia, Pennsylvania**

- Date:** February 2, 1943  
**Place:** Ritz-Carlton Hotel  
**Auspices:** Philadelphia Tuberculosis and Health Association  
**Program:** Luncheon  
**Speakers:** Eliot Ness, *Director*, Social Protection Section, Defense Health and Welfare Services  
Lt. Col. Thomas B. Turner, *Chief*, Division of Venereal Disease Control, U. S. War Department  
John H. Stokes, M.D., *Director*, Institute for the Control of Syphilis, University of Pennsylvania

*For details of program and reservations, write to:* Charles A. Kurtzhalz, Director, Philadelphia Health and Tuberculosis Association, 311 S. Juniper Street, Philadelphia, Pa.

**Portland, Oregon**

- Date:** February 5, 1943  
**Place:** Hotel Portland  
**Auspices:** Division of Social Hygiene Education, University of Oregon Medical School; with the cooperation of the State Board of Health and the Oregon Tuberculosis Association  
**Program:** *Social Protection in Wartime*  
**Speaker:** R. A. Vonderlehr, *Assistant Surgeon General*, Division of Venereal Diseases, United States Public Health Service

*For details of program and reservations, write to:* Mrs. George Moorehead, Division of Social Hygiene Education, University of Oregon Medical School, Portland, Ore.

**Utah**

- Date:** February 8 and 9, 1943  
**Place:** See below  
**Auspices:** Utah Social Hygiene Association



**Program:** Dinner and public evening meeting—February 8th, Salt Lake City, Hotel Utah  
Luncheon Meeting—February 9th—Ogden  
Luncheon Meeting—February 9th—Provo

**Speakers:** Dr. Clarke  
Fred R. Kearney, *Field Supervisor*, Social Protection Section

*For details of program and reservations, write to:* Elias L. Day, President, Utah Social Hygiene Association, 621-24 McIntyre Building, Salt Lake City, Utah.

### Seattle, Washington

**Date:** February 3, 1943

**Place:** To be announced

**Auspices:** Washington State Health Department

**Program:** Conference on *Health Is the State's Foundation—The Effect of Venereal Disease in the War Effort*

**Speakers:** Dr. Vonderlehr; W. Ford Higby, *Executive Secretary*, California Tuberculosis Association; Dr. Harold L. Lawrence, *Chief*, Epidemiology and Venereal Disease Control, Washington State Health Department; and others

*For details of program and reservations, write to:* Washington State Health Department, Smith Tower, Seattle, Wash.

### Texas

One or more meetings are being planned to take place at Dallas and other points in Texas. Details will be available shortly.

*Please address inquiries to* Bascom Johnson, Southwestern States Office, American Social Hygiene Association, Cliff Towers, Dallas, Tex.

**Venereal Disease Control Program of Navy Gains Impetus.**—Further measures to protect naval personnel from venereal disease were recently recommended to Surgeon General Ross T. McIntire by a conference of control officers representing the various naval districts.

The meeting, first of its kind to be called by Admiral McIntire, concluded three days of discussion by submitting a report that indorses:

1. Continuance and expansion of operation of prophylactic stations in cooperation with the Army, Public Health Service, and civilian health authorities.
2. Instruction in the principles of venereal disease control at all Hospital Corps schools.
3. Repression of prostitution.
4. Emphasis of control measures among crews of patrol craft, armed guard, and escort vessels, which may have no medical officer aboard.
5. Training of epidemiologists with warrant or commissioned officer rank.

The report, presented by Rear Admiral Stephenson, approved in principle the practice of opening prophylactic stations to the public, as well as members of the armed forces, where conditions make such a step feasible.

Although the venereal disease rate in the Navy is encouragingly low, the conference is one of many measures being taken to reduce incidence still further.

"It is the judgment of the conference that results obtained under the Navy's venereal disease control program constitute an advance of major importance and should be continued and expanded," said Commander R. B. Henry, of the Fifth Naval District, who served as chairman.

**Navy Appointments.**—Rear Admiral Ross T. McIntire (MC), Surgeon General and Chief of the Bureau of Medicine and Surgery since 1938 was appointed by President Roosevelt on November 9 for a second term of four years. Admiral McIntire continued also to serve as personal physician to the President.

As of November 4, 1942, Captain Charles S. Stephenson (MC), was advanced to the rank of rear admiral, for temporary service as Director of the United States of America Typhus Commission. Commander Thomas J. Carter (MC), is now in charge of the Bureau's Division of Preventive Medicine.

The Bureau reports Venereal Disease Control Officers assigned to naval bases and training stations as of December 21, 1942, as follows:

Note: NAS—Naval Air Station	NOB—Naval Operating Base
NH—Naval Hospital	NTSch.—Naval Training School
NTS—Naval Training Station	

#### First Naval District

Headquarters, Boston, Massachusetts; Lt. Commdr. Frederick J. Bailey, MC-V(S), USNR, Retired  
 Shore Activities, Casco Bay, Portland, Maine; Lt. Commdr. Calvin C. Torrance, MC-V(S), USNR  
 NAS, Quonset Point, Rhode Island; Lt. William Feltman, MC-V(S), USNR  
 NH, Newport, Rhode Island; Lt. Commdr. E. C. Smith, MC-V(S), USNR

#### Third Naval District

Headquarters, New York, N. Y.; Lt. Commdr. Michael Wishengrad, MC-V(S), USNR  
 Receiving Ship, New York; Lt. Louis Goodkin, MC-V(S), USNR  
 Receiving Station, South Brooklyn, New York; Lt. Commdr. Bernard L. R. Toothaker, MC-V(S), USNR  
 NTS, Sampson, New York; Lt. Henry Almond, MC-V(S), USNR  
 Submarine Base, New London, Connecticut; Lt. Commdr. Samuel Tripler, MC-V(S), USNR

#### Fourth Naval District

District headquarters, Philadelphia, Pennsylvania; Lt. Commdr. Clarence J. Buckley, MC-V(S), USNR  
 Receiving Station, Philadelphia, Pennsylvania; Lt. Commdr. Frank P. Massaniso, MC-V(S), USNR

**Fifth Naval District**

District Headquarters, Norfolk, Virginia; Commdr. Reginald B. Henry, USN, Retired

NAS, Norfolk, Virginia; Lt. Harold W. Klewer, MC-V(S), USNR

NTS, NOB, Norfolk, Virginia; Lt. Commdr. James R. Stites, MC-V(S), USNR

NOB, Norfolk, Virginia; Lt. Commdr. Alexander E. Rosenberg, MC-V(S), USNR

Receiving Station, Norfolk, Virginia; Lt. Commdr. Frederick M. Lee, MC-V(S), USNR

NTS, Bainbridge, Maryland; Lt. Harry W. Savage, MC-V(S), USNR

**Sixth Naval District**

District headquarters, Charleston, South Carolina; Lt. Commdr. Keitt H. Smith, MC-V(G), USNR

Marine Barracks, Parris Island, South Carolina; Lt. Commdr. Samuel R. Brown, MC-V(S), USNR

NAS, Jacksonville, Florida; Lt. Commdr. Arno Ross, MC-V(S), USNR

Marine Barracks, New River, North Carolina; Lt. Saul C. Levine, MC-V(G), USNR

**Seventh Naval District**

District headquarters, Jacksonville, Florida; Lt. (jg) Arthur F. Turner, Jr., MC-V(G), USNR

Naval Station, Key West, Florida; Lt. Bernard H. Shallow, MC-V(S), USNR

Submarine Chaser Training Center, Miami, Florida; Lt. Carroll B. Jones, MC-V(S), USNR

**Eighth Naval District**

District headquarters, New Orleans, Louisiana; Lt. Commdr. Thaddeus A. Fears, MC-V(S), USNR

U. S. Naval Station, New Orleans, Louisiana; Lt. Commdr. Rexel Goodman, MC-V(S), USNR

NTSch. (Aviation Maint.), Norman, Oklahoma; Lt. Commdr. Aloysius P. Rieman, MC-V(S), USNR

NAS, Corpus Christi, Texas; Lt. (jg) Jack L. Derzavis, MC-V(S), USNR

NAS, Pensacola, Florida; Lt. (jg) Morris Leider, MC-V(G), USNR

**Ninth Naval District**

District headquarters, Great Lakes Station, Wisconsin; Lt. Jerome J. Burke, (MC), USN

NTSch., Navy Pier, Chicago, Illinois; Lt. Commdr. Harold F. Smith, MC-V(S), USNR (additional duty)

NTSch., (Advanced Aviation), Chicago, Illinois; Lt. Commdr. Harold F. Smith, MC-V(S), USNR

NTS, Great Lakes, Illinois; Lt. (jg) Erwin E. Peters, MC-V(S), USNR (trained before coming in)

**Tenth Naval District**

District headquarters, San Juan, Puerto Rico; Lt. Commdr. R. H. Abrahamson, MC-V(S), USNR

NOB, Trinidad, B.W.I.; Lt. Commdr. Sol S. Schneierson, MC-V(G), USNR

NOB, Guantanamo Bay, Cuba; Lt. Commdr. Salem M. Rabson, MC-V(S) USNR

**Eleventh Naval District**

District headquarters, San Diego, California; Lt. Commdr. Ammon B. Litterer, MC-V(S), USNR

Destroyer Base, San Diego, California; Lt. Commdr. D. A. York, (MC), USN, Retired

NOB, San Pedro, California; Lt. Irving D. Litwack, (MC), USN, Retired

NTS, San Diego, California; Lt. (jg) Leonard Klein, MC-V(G), USNR

Marine Corps Base; Lt. Israel Zeligman, MC-V(S), USNR

**Twelfth Naval District**

District headquarters, San Francisco, California; Commdr. Benton Van Dyke Scott, (MC), USN, Retired  
 NAS, Alameda; Lt. Commdr. Edward J. Muldoon, MC-V(S), USNR  
 Section Base, Treasure Island, San Francisco, California; Lt. Commdr. Harold R. Weidner, MC-V(S), USNR  
 Rec. Station, San Francisco; Lt. Philip R. Partington, MC-V(S), USNR

**Thirteenth Naval District**

District headquarters, Seattle, Washington; Lt. Alstrup N. Johnson, MC-V(S), USNR  
 Puget Sound Navy Yard, Bremerton, Washington; Lt. Commdr. Samuel J. Sullivan, MC-V(S), USNR  
 NTS, Farragut, Idaho; Lt. Harold T. Larsen, MC-V(S), USNR  
 NAS, Seattle, Washington; Lt. Commdr. Howard W. Reed, MC-V(S), USNR

**Fourteenth Naval District**

District headquarters, Pearl Harbor, Hawaii; Capt. John B. Farrior, (MC), USN

**Fifteenth Naval District**

District headquarters, Balboa, Panama Canal Zone; Lt. Delmar V. Hughes, MC-V(S), USNR

**Potomac and Severn Naval District**

Bureau of Medicine and Surgery, Potomac Annex, Washington, D. C.; Ensign Howard W. Ennes, Jr., H-V(S), USNR; Lt. (jg) Frank W. Reynolds, MC-V(G), USNR  
 Navy Yard, Washington, D. C.; Lt. Israel Kruger, MC-V(G), USNR  
 Naval Academy, Maryland; Lt. Philip J. McNamara, (MC), USN

**Office of Civilian Defense Urges State and Regional Cooperation.—**

James M. Landis, Director of the Office of Civilian Defense, has recently addressed a letter to Regional Directors of the OCD's nine Regions concerning venereal disease control in their respective territories and their responsibility for cooperating with the Public Health Service, Social Protection Section, Army Service Command and Naval District officials and social hygiene societies and other agencies working on venereal disease problems. Among materials sent the Regional Directors in connection with the letter was the pamphlet, *Suggestions for Organizing a Community Social Hygiene Program* (See page —). The letter reads as follows:

**“To Regional Directors:**

“Through the close contacts which members of your Civilian Mobilization staff have already developed with the Office of Defense Health and Welfare Services personnel serving your Region, you are, no doubt, keeping abreast with programs of venereal disease control in your Region.

The Federal government is particularly concerned with lost time among the armed forces and among war industry workers as the result of syphilis and gonorrhea. It is definitely established that men acquire these infections almost exclusively in civilian communities and mainly from prostitutes. It is therefore essential that civilian agencies, both governmental and private, cooperate in the repression of prostitution and in the provision of adequate programs and facilities for venereal disease control.

The program for venereal disease control must operate on a highly selective basis. In some instances, such programs may be necessary only in one or two communities within a State. On the other hand, there are places where a State-wide program may be necessary, while there may even be other States in which no program is needed. The success of any local program of venereal disease control depends upon a combination of such factors as the extent of prostitution and venereal disease in the community, the attitude of influential groups, Army and Navy officials, and all police authorities, the present status of clinic, recreation, detention, rehabilitation facilities, etc.

Technical experts equipped to assist in working out State and local venereal disease control plans are Federal and State health officers and Social Protection representatives of the Office of Defense Health and Welfare Services Regional staff.

Under separate cover, I am sending you:

- (1) One copy of a letter sent by the U. S. Public Health Service to its District Directors.
- (2) One copy of a memorandum sent by the U. S. Public Health Service to State health officers.
- (3) One copy for each State in your Region and an additional copy for your files of *Special VD Education Circular No. 4*, issued by the U. S. Public Health Service and the Office of Defense Health and Welfare Services.
- (4) Fifty copies of *Suggestions for Organizing a Community Social Hygiene Program*, published by the American Social Hygiene Association.

These last two documents provide you with basic elements of the plan to be carried on under a local Defense Council where a venereal disease control program seems necessary.

Through your Civilian Mobilization staff, you have responsibility for conferring with those District Directors of the U. S. Public Health Service, regional representatives of the Social Protection Section of the Office of Defense Health and Welfare Services, Venereal Disease Control Officers of the Service Command and of the Naval District, whose geographical jurisdictions coincide at any point with yours. At such conferences, you should find out from these persons those communities where it is important to push this program, including statistical and factual material which is in their possession, and you should then get the affected State Defense Councils to place their resources behind the program and see that the job gets done.

You will note that the pamphlet *Organization Outline for Local Defense Councils* indicates on page 19 under "(11) Health" that the health committee of the local Defense Council should cooperate in this type of program. No special committee for venereal disease control is shown on the chart for local Defense Council organization (page 7 of the pamphlet) since all communities do not need organization for this specific purpose. Where such a program is necessary, this job should be locally undertaken by the health committee or a subcommittee composed of the local health officer, the local police chief, local welfare and health agencies, and local individuals or representatives of civic organizations who are in positions to give prestige and lay leadership to the work of the committee.

I shall be interested to learn what you may have already worked out along this line.

*Faithfully yours,*

JAMES M. LANDIS,  
*Director.*

**Office of War Information Recommends Frankness on the Air.**—William B. Lewis, Chief of the Radio Bureau, Office of War Information, under date of November 17, addressed a memorandum to "All War Program Managers" on the subject *Discussion of Venereal Disease on the Air*, as follows:

"The U. S. Public Health Service has brought to our attention the reluctance on the part of certain broadcast stations to air educational programs in which the subject of the venereal diseases is treated.

"It is more than unfortunate that such reluctance exists. The regrettable facts, particularly in wartime, cannot be evaded. Venereal diseases—especially syphilis and gonorrhea—are now a major health problem in this country. One out of every 42 persons in the United States, the Public Health Service estimates, suffers from syphilis. In peacetime the problem is always serious; in wartime it takes fighters from the fighting front, and workers from the production line. Medical science finds it impossible to check effectively the ravages of venereal disease unless frank and intelligent presentation of the problem is brought before the public.

"Health education is a vital part of the venereal disease control program. Since radio is a principal medium for educating and informing the public, it seems imperative to the Office of War Information that authoritative material on this subject should not be barred from the air. The constant menace of venereal disease far outweighs in importance any squeamish scruples that may try to ignore its existence.

"We wish to point out that the major networks have already led the way in this crusade. They have uniformly expressed their willingness to schedule public health broadcasts, approved by accredited experts, dealing with the subject of venereal diseases, and to permit the frank use of the words syphilis and gonorrhea on the air.

"It is therefore the earnest recommendation of the Office of War Information that—

- (1) all managers and program directors of individual stations give open-minded consideration to requests for air time made by competent medical authorities for educational purposes in the national campaign against venereal diseases, and that
- (2) they grant to these competent authorities such adequate facilities as are needed for a full presentation of this problem which so seriously threatens the welfare of the soldiers and workers who must fight this war."

**National Sheriffs' Association Continues Cooperation.**—Following up its resolution against prostitution, adopted at the Sheriffs' War Conference in Columbus, Ohio, September 16-18 (see October JOURNAL OF SOCIAL HYGIENE, page 436), the National Sheriffs' Association devoted the September-October issue of its magazine, *The National Sheriff*, largely to a discussion of social hygiene problems. Featured were articles by Director Eliot Ness of the Social Protection Section, by Charles J. Hahn, Jr., Executive Secretary of the Sheriffs' Association, and by Colonel Joseph P. Dillon of the Provost Marshal General's Office, U. S. Army.

A special edition of this publication, accompanied by a letter from Director Ness thanking them for past support and inviting further cooperation, was sent to 3,600 county sheriffs throughout the United States. Also enclosed was a copy of Philip Broughton's Public Affairs pamphlet *Prostitution and the War*.

**Pharmacists Increase Cooperation.**—A recently completed study made by the American Social Hygiene Association reveals decided gains in the cooperation of pharmacists in the wartime control of venereal diseases. In visits to 716 drugstores in 46 cities in 15 states, it was found that 57 per cent urged the inquirer to seek immediate and properly qualified medical care. Only 11 per cent of druggists interviewed offered diagnosis and treatment for conditions presumed to be syphilis and gonorrhea. Thirty-two per cent sold remedies on specific request, but did not attempt to diagnose, and in a large proportion of the drugstores where remedies are stocked and sold, the pharmacist advised that "self-medication is bad and dangerous business."

This shows a decided improvement over conditions found in 1939 and 1940 when the ASHA made a similar study of 1,151 drugstores in 35 cities and 26 states in cooperation with the U. S. Public Health Service. At that time 62 per cent of the drugstores visited offered to diagnose and treat syphilis or gonorrhea, and only 7 per cent refused to make a diagnosis or sell patent remedies.

Report of this first survey, which appeared in *Venereal Disease Information*, January, 1940, received wide publicity and stimulated the formation of the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association. Organized to bring about closer cooperation between physicians and the pharmacists in eradicating syphilis and gonorrhea, the Committee has constantly urged druggists to observe the following principles of ethical practice regarding the venereal diseases:

1. The pharmacist should make no diagnosis.
2. The pharmacist should not prescribe for patients.
3. The pharmacist should refer patients to physicians.
4. The pharmacist should not sell "patent medicines" and thus encourage self medication of these infectious diseases.
5. The pharmacist should distribute literature of an informational nature regarding syphilis and gonorrhea. Such material may be obtained from health departments and from the American Social Hygiene Association.
6. The pharmacist should cooperate with the pharmaceutical society and official and voluntary health agencies in promoting high professional standards.
7. The pharmacist should stock and sell only reliable products for chemical and mechanical prophylaxis of venereal diseases, and provide reliable information regarding the value and limitations of accepted prophylactics used under approved conditions.

Subsequent re-studies in the original 35 cities disclosed that many of the stores formerly diagnosing and selling remedies were no longer doing so, but were instead recommending competent physicians and venereal disease clinics. The further improvement noted in the latest survey bears witness to the successful work of the Joint Committee and the many state and local pharmaceutical societies which have kept these aims before their membership, and in many communities to the steady, competent work in this field of the local social hygiene societies and health departments.

**Army Assignments.**—The following transfers and changes are reported by Lt. Col. Thomas B. Turner, Chief, Venereal Disease Control Division, Office of the Surgeon General:

**Washington Headquarters:**

Major Thomas H. Sternberg (M.C.), formerly Venereal Disease Control Officer for the First Service Command, Boston, is now Chief, Treatment Section, Venereal Disease Control Division.

**First Service Command:**

Major Glen W. McDonald (M.C.) has been assigned as Venereal Disease Control Officer for the First Service Command, Headquarters, 808 Commonwealth Avenue, Boston.

**Eighth Service Command:**

Major William C. Summer (M.C.)  
(Service Command headquarters have been transferred from Fort Sam Houston, San Antonio, Texas, to the Santa Fe Building, Dallas, Texas.)

**Urology Award.**—The American Urological Association offers an annual award "not to exceed \$500" for an essay (or essays) on the result of some specific clinical or laboratory research in urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deem none of the offerings worthy, no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years.

The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, May 31–June 3, 1943, Hotel Jefferson, St. Louis, Missouri.

Essays must be in the hands of the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tenn., on or before March 1, 1943.



## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1914, is the national voluntary agency for social hygiene.

At present, with emphasis on war needs, the Association undertakes to promote an "8-point program on the 48 state fronts". . .

1. Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.
2. Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.
3. Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.
4. Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.
5. Help communities to provide "good times in good company" for young people as the best safeguard against "bad times in bad company"; to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.
6. Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.
7. Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.
8. Study national and community conditions and programs, official and voluntary, and keep all concerned informed regarding progress and results, in peace or in war.

*The Association needs money to continue and enlarge these services. As a voluntary organization, its work is supported by gifts and membership dues. Most contributions range from \$5 to \$100. Annual dues are \$2.00. Please send your check to*

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1790 Broadway, New York, N. Y.

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